



# USATF Membership Application and Waiver

Rochelle Area Track Club (for athletes, coaches and volunteers)

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Last Name	First Name	M/F	Birth Date (attach birth cert.)	Age	Membership

Primary Parent/Guardian Information		Secondary Parent / Guardian Information	
Last Name:	First Name:	Last Name:	First Name:
Address Street:		Address Street:	
Address City, State, Zip		Address City, State, Zip	
Phone #1	Phone #2	Phone #1	Phone #2

Doctor and Health Information	Emergency Contact (if parent isn't reachable)
Doctor <span style="float: right;">Phone:</span>	Emergency Contact:
Allergies:	Emergency Contact Phone #
Medication or health concerns:	

I know that competing and volunteering to work in club events are potentially hazardous activities. I know I should not enter or participate in club events or volunteer to assist with club activities unless I am medically able and properly prepared. I agree to abide by any decision of a club or race official relative to my ability to safely complete any event or to assist at any club activity. I assume all risks being associated with competing or volunteering to work in club events and activities including, but not limited to falls, collisions, physical contact with other competitors or spectators, the effects of the weather. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself, my heirs, and anyone acting on my behalf, waive and release USATF Illinois, Rochelle Area Track Club and all officials, volunteers and all sponsors their representative and successors from all claims or liabilities of any kind arising out of my participation in these club competitions or activities, even though that liability may arise out of negligence or carelessness on the part of the persons or organizations named in this waiver. I also grant permission to all of the foregoing to use any photographs, motion pictures, video or sound recordings, or any other record of the events or activities of the Rochelle Area Track Club, including those involving me, for any legitimate purpose. Further, I grant permission for emergency medical treatment for myself and/or for any minors for whom I am authorized to act by competent medical personnel. I also agree to abide by the applicable USATF Bylaws, Operating Regulations and Competition Rules for my level(s).

As legal parent/guardian of the child/athlete listed above, I agree to above waiver and certify the information is complete and correct. Parent or guardian signature is required for participants under the age of 18.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Membership Category Codes:** Please Circle the codes below – you may indicate one or more categories.

AT: Athlete PA: Parent DA: Disabled Athlete OF: Official CH: Coach OA: Official – Association FN: Fan

\$50.00		Youth Membership (18 yrs & under, 1 year membership)
\$60.00		Adult Membership (19 yrs & over, 1 year membership)
\$30.00		Uniform Rental Fee (will be refunded when uniform is returned)
\$40.00		One Adult worker fee for Rochelle Track Meet per family (will be refunded with one adult helping)

Total Amount Due: \_\_\_\_\_ Make Checks Payable to RATC

