Texas Elite Track and Field 2024- 2025 Registration for Winter Session

Texas Elite Track and Field introduces young athletes to the sport of track and field. Athletes ages six (who have completed kindergarten) through eighteen are invited to participate in summer practices and meets.

The cost is \$175 per athlete. For families with more than one athlete participating, there is a \$25 discount applied for the additional athlete(s). Thus, the first athlete pays \$175, and all additional members pay \$150.

Athletes are required to purchase an AAU membership for insurance purposes. Please register online at www.aausports.org

Each Athlete will have the option to purchase their singlet from the club for competition and provide their own shorts (black), and must pay their own meet entry fees. These items are not required but will be needed if the athlete attends meets. Each athlete will need a USATF card if you attend a USATF sanctioned meet.

| Athlete's Name | |
|--|--|
| Parent Name(s) | |
| Address, City, State, Zip | |
| Email Address | |
| Cell Phone Work/Cell Phone | e(s) |
| Birthdate Age School & G | rade |
| Is the athlete covered by health insurance? Yes _ | |
| Fee: Base Membership \$ 175 | |
| | Sibling Less: \$ 25 |
| | Total Enclosed |
| My child has my permission to participate in practices and meets for registration, I the undersigned hereby release and hold harmless the Field and St. Thomas High School from any and all injury or damag activities | directors and coaches of the Texas Elite Track and |
| Signature of Parent or Guardian | Date |



| Photo/Video Release Form for Minors (if under | 18) | |
|--|---------------------------------------|---------------|
| the parent/legal guardian of | | |
| | grant Texas Elite Track and | |
| permission to use my or my child's photograph or | video publicly to promote th | e track club. |
| I understand that the images or videos may be used | | |
| publications, presentations, websites, and social m | edia. I also understand that n | o royalty, |
| fee or other compensation shall become payable to | | 3 3, |
| Parent/Guardian's signature: | | |
| Parent/Guardian's Name: | | Child's |
| Name: | | |
| | Phone | |
| Number: | | |
| Email: | | |
| | | |
| Photo/Video Release (18 years and older) | | |
| The Texas Elite Track and Field has my permission | n to use my photograph or vi | deo publicly |
| to promote the track club. I understand that the image | | - |
| publications, online publications, presentations, we | 2 | |
| that no royalty, fee or other compensation shall be | · · · · · · · · · · · · · · · · · · · | |
| Signature: | | Printed |
| Name: | | |
| | | |
| Email: | | |
| | | |
| | | |



ACTIVITY PARTICIPATION LIABILITY WAIVER

I, as the parent/guardian, do hereby enter into this St. Thomas High School Activity Participation, Consent, Insurance Waiver, and Release of Liability Agreement ("Agreement"), and voluntarily and willingly permit my child to participate in activities (the "Activity") at St. Thomas High School ("St. Thomas") or at other locations where such Activities may be held.

I understand participation in this Activity is completely voluntary and agree that NO INSURANCE COVERAGE MAY EXIST THROUGH ST. THOMAS TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY. It is understood that the parent/guardian and/or their private insurance will cover any charges incurred that may arise out of their child's participation in the Activity. In consideration for St. Thomas allowing my child to participate in this Activity and knowing that I would be required to sign this Agreement releasing St. Thomas from any and all liability, I (a) understand that I may receive marketing information and communications from St. Thomas High School, and (b) acknowledge that I have fully read, and hereby execute, this Agreement with the intent to bind myself, my spouse (if applicable), child, my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent, and have the authority, to sign this Agreement releasing St. Thomas from any and all liability on my behalf and on behalf of my child.

| Name of Child | Date of Birth |
|-------------------------------|-------------------------|
| Activity/Event | Dates of Activity/Event |
| Deport/Cycedien Signature | Dete |
| Parent/Guardian Signature | Date |
| Parent/Guardian Name | Cell Phone Number |
| Address | Email |
| EMERGENCY CONTACT INFORMATION | |
| Emergency Contact Name | Relationship to Child |
| Emergency Contact Cell Phone | |