



PLEASE READ: After registering through PayPal (to lock a spot), please fill up registration form and send it by email to: kangarooathletics@gmail[dot]com

Kangaroo Athletics / Kangaroo Track Club Camps & Training Programs Registration Form (High, Long, and Triple Jump)

Name: _____

School: _____

Personal Best (HJ/LJ/TJ): _____

Are you a Kangaroo Athletics / Kangaroo TC USATF Member? YES - NO

Kangaroo Athletics LLC / Kangaroo TC USATF Membership # _____

Address Street : _____

City: _____ State: _____ ZIP: _____

Home Tel. # _____

Work Tel: # _____

E-mail: _____

Waiver: I know of no mental or physical problems which may affect me or my child's ability to safely participate at the camp. Coaching staff is authorized to attend to any health problem or injury to me or my child while attending camp. Neither I nor my child will hold Kangaroo Track Club liable for any injuries or expenses while me or my child are at the camp.

I hereby authorize my child's participation in the Kangaroo Track Club Camp (Kangaroo Athletics). I, THE PARENT/GUARDIAN of the club member authorize Kangaroo Track Club (Kangaroo Athletics / Kangaroo TC) to post in their websites information about my son/daughter that is intended to promote Kangaroo Athletics / Kangaroo TC, their camps or the athlete. Also to give my contact information to colleges and universities coaches so they can contact me.

Parent/Legal Guardian: _____

Participant signature

Parent signature (if participant is under 18 years old)

Please circle and/or date the camp that you or your child will be attending (including state, session and group), thank you.

2013 - 2014 - 2015 - 2016 - 2017 - 2018 - 2019 - 2020 - 2021 - 2022 - 2023

Winter Training Program (pre-season): _____

Winter High Jump Camp Date: _____

Winter Long and Triple Jump Date: _____

In - season Technique program: _____

Summer High Jump Camp. Date: _____

Summer Long and Triple Jump Camp. Date: _____

Private lesson: _____

Athlete code of conduct:

I will stress safety in everything I do. This includes not jumping until the coach is watching, no distracting other jumpers in the jumping area.

I will never insult, belittle, degrade, slander, nor express any negative feelings, either verbally or non-verbally, towards another club or about another club member including coaches.

I will show respect to all meet officials.

I will respect the rights and beliefs of others and will treat others with courtesy and consideration.

I agree to compete fairly and by the rules.

I will respect the property of others.

I will be fully responsible for my actions and the consequences of my actions I will treat my body properly by getting proper rest, nutrition, and abstaining from use of drugs and alcohol, not abusing medicines and dietary supplements. I will make myself aware of any banned supplements and medicines.

I understand that giving attitude to the coach or person in charge is a sign of disrespect and it will be brought to my attention (the athlete) only ones by the coach or person in charge. If the problem continues I (the athlete) will be excused without refund of any kind from the camp, training session or the team.

Athlete signature: _____

Parent signature _____

Parents Contact Information

Fathers Name: _____

Mothers name: _____

Primary Address _____

Parent Home Phone _____ - _____ - _____

Parent Work Phone _____ - _____ - _____

Parent Cell Phone _____ - _____ - _____

E-mail _____

Other emergency contact: _____

Phone # _____

PARENT/ GUARDIAN AGREEMENT

I, THE PARENT/GUARDIAN of the club member, a minor, agree that I and my son/ daughter will abide by the rules of Kangaroo Athletics / Kangaroo Track Club. Recognizing the possibility of physical injury or death associated with sports and in consideration for the Kangaroo Athletics / Kangaroo Track Club accepting the registrant for its sports programs and activities, I hereby release and discharge Kangaroo Athletics LLC and Kangaroo Track Club, their board members, coaches, volunteers and associated personnel, and the owners of fields and facilities utilized, against any claim by or on behalf of the club member as a result of the club member’s participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian : _____ Date: _____

Signature: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the Club (Kangaroo Athletics LLC) and its programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Legal Guardian : _____ Date: _____

Signature: _____