

REGISTRATION

Which location will you be attending?

- TEXAS
- MINNESOTA
- OKLAHOMA
- EUROPE

What service will you be receiving?

- Private Lesson
- Video Analysis
- Digital Coaching

Name of jumper (FIRST AND LAST)

Email

Phone number

Address (street, city, state and zip code)

School:

Club track team:

Are you currently working with a high jump coach (besides your high school coach) local or online?

Yes

No

If you answered yes to the question above, with who? Please list all of your coaches down below:

Official competition personal best (HJ/LJ/TJ):

Are you a Kangaroo Athletics / Kangaroo TC USATF Member?

Yes

No

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 ATHLETE (or PARENT/GUARDIAN if the athlete is under 18), authorize Kangaroo Track Club (Kangaroo Athletics / Kangaroo TC) to post in their websites (or social media) information, pictures and videos (of the athlete) that is intended to promote Kangaroo Athletics / Kangaroo TC or the athlete. Also to give my contact information to colleges and universities coaches so they can contact the athlete (for recruiting purposes).

Yes, I understand and give my authorization

Parent signature (or participant signature if 18+) *

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.

Yes, I understand and agree to comply

Parent signature:

Athlete signature:

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.

Yes, I understand and agree to comply

Date MM/DD/YEAR:

Parent/Legal Guardian 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.

Yes, I understand and give consent

Date MM/DD/YEAR:

Parent/Legal Guardian Signature:

Father's Name (First and Last)

Mother's Name (First and Last)

Parent's Primary Address (street, city, state and zip code):

Parent Mobile Phone:

Parent Work Phone:

Parent Email

Other Emergency Contact (First and Last):

Other Emergency Contact Phone #:

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