

## HPG Summer Track 2019

### Mandatory Meeting: 5pm Sunday, May 26<sup>th</sup> at JPIIHS

A copy of athlete's birth certificate is required for USATF Jr. registration. Please take a picture or bring a copy. Also, have this form+check or have registered/paid online.

### Practice Start: Monday, June 3<sup>rd</sup>

Mon/Tue/Thur: 9am/10:30am (Plano), 6:30 (Rockwall)

### Group Training Sessions (June – July)

\_\_\_ Sprints (100/110h/200) or \_\_\_ Mid (200/300h/400)  
\_\_\_ \$450 June and July or \_\_\_ payments: \$250-June, \$200-July

OR

\_\_\_ pentathlete / heptathlete / decathlete (morning and evening practice)  
\_\_\_ \$650 for two-a-day practices or \_\_\_ payments \$350-June, \$300-July

Fees include training sessions, uniform, t-shirt, and meet registrations.

Make checks payable to:  
HRDL PERFORMANCE GOUP

CHECK BOX IF COMPLETED ONLINE

## Waiver and Release

### **Informed Consent and Acknowledgement**

I hereby give my approval for my child's participation in any and all activities prepared by HPG Summer Track during the selected training. In exchange for the acceptance of said child's candidacy by HPG Summer Track, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless HPG Summer Track and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against HPG Summer Track including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

### **Medical Release and Authorization**

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the HPG Summer Track and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Athlete's Name: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

CHECK BOX IF COMPLETED ONLINE

## Registration Form (Due by May 26th)

Athlete's First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Athlete's Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (age now \_\_\_\_)

**Go to [usatf.org](http://usatf.org) and click on Join/Renew Now**

USATF# \_\_\_\_\_

Shirt Size: XS S M L XL

Short Size: XS S M L XL

### **PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Secondary contact name Relationship to student:

\_\_\_\_\_ (\_\_\_\_\_)

Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

### **Allergies:**

*Is an EpiPen required?*

**Any prescriptions/inhaler?** Please give instructions.  
*ex. Asthma, inhaler on person at all times*

Donation/Sponsor: Contact [Coach.Jeff.Jackson@gmail.com](mailto:Coach.Jeff.Jackson@gmail.com) or visit [HurdleCoach.com](http://HurdleCoach.com) and request information

CHECK BOX IF COMPLETED ONLINE