

BLUE THUNDER TRACK CLUB



2024 Registration & Information Packet

Blue Thunder is a competitive track club that offers a variety of athletic events for youth ages 6-18 years. The club participates in meets in & out of town. Members are expected to work hard in practices and compete to the best of their abilities.

Cost to Join:

\$125 (Cash, Check no credit/debit cards with paper regs.)

Membership Includes:

AAU membership
Unlimited sanctioned meets
Team T-Shirt

Our athletes are prepared to compete in:

- ~ 100m, 200m, 400m Dashes
- ~ 800m, 1500m, 3000m Runs
- ~ 4x100m, 4x400m, 4x800m Relays
- ~ 1500m, 3000m Race Walks
- ~ Sprint Hurdles & Intermediate Hurdles
- ~ Shot Put, Discus, Javelin Throws
- ~ Long Jump, Triple Jump, High Jump

This registration form is to be completed and turned in at:

Armory Sports & Recreation Center - 701 E. Ash

(Please bring copy of birth certificate & proof of insurance if new)

Turn the form in to the Armory Sports & Community Center (cash, check or money order made out to Blue Thunder Track Club) any weekday beginning March 11, or come to our registration day on Saturday, March 9 between 2-5pm at the Armory. Paper registrations will not be accepted prior to March 11 except for registration day. Outdoor season runs from early April – late July.

You may also register and pay online at www.BlueThunderTrackClub.com.

For more information, call 573.874.6378 or BlueThunderTrackClub@gmail.com.

Visit us at www.BlueThunderTrackClub.com or



Follow us on Facebook!





Tee Shirt Size:								
YS	YM	YL						(Youth)
AS	AM	AL	AX	AXX	AXXX	(Adult)		

Blue Thunder Track Club 2024 Outdoor Season Registration Form

Athlete's Information:

Athlete's Name: _____ Gender: M F
Last First Middle

School: _____ Grade: _____ Date of Birth: _____
Month / Date / Year

ATHLETE'S Telephone #: _____ Alt. #: _____
(Parents' information will be entered below in Parent/Guardian Information Section)

ATHLETE'S Email Address: _____
(Parents' information will be entered below in Parent/Guardian Information Section)

Parent/Guardian Information:

Parent/Guardian # 1 Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Alt. #: _____

Email Address: _____

Parent/Guardian # 2 Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Alt. #: _____

Email Address: _____

*** Email is our primary communication of announcements and coach contact. Please make sure your email information is printed clearly. If you do not receive an email from the club after registering, please contact the club to make sure that your address is correct.*

I hereby grant permission for my child(ren) to participate in the 2024 Blue Thunder Track Club Outdoor Season. **I understand that BTTC has a no-refund policy.**

Parent Signature: _____

Date: _____

<p><i>Parent Interest in Coaching?</i></p> <p>_____ Yes! I am interested in coaching with Blue Thunder this season!</p> <p>What are your event specialties?</p> <p>_____</p> <p>_____</p>
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****OPTIONAL****

I WOULD LIKE TO DONATE TO THE BTTC SCHOLARSHIP FUND. PLEASE ADD \$ _____ TO THE COST OF REGISTRATION.

PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I, the parent or legal guardian of _____
If you completed a multiple athlete form, please include each athlete's full name in these blanks

Minor(s), for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, acknowledge that participation in track & field travel, play/practice in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. On behalf of the above named athlete, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risks.

On behalf of the above named athlete, I further acknowledge that the Blue Thunder Track Club is primarily administered by volunteers and not paid professionals. On behalf of the above named athlete, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation. **I understand that I risk dismissal from the team without refund for failure to comply with the rules, regulations, and guidelines of the Blue Thunder Track Club or for behavior deemed inappropriate or detrimental to the mission of the team.**

In consideration of accepting the registration and permitting the voluntary participation of the above named participant in its programs, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, I hereby release, discharge, indemnify and agree to hold harmless the Blue Thunder Track Club, it's volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by the Blue Thunder Track Club, and the agents, employees, officers and directors of said person or entities from any and all claims, demands, costs expenses and compensation arising out of or in any way related to any injury or other damages that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Blue Thunder Track Club attended event, including any physical or other injury caused by the negligence of any person or entity described above.

ACKNOWLEDGE AND CONSENT: For both internal and external use, I acknowledge that the Blue Thunder Track Club may compile and use photographs and video images of the above named individual, a minor, for use in all club related publications to include but not limited to videos, website, and written materials such as Sponsorship Packets or club advertisements. I hereby waive all rights to monetary compensation resulting from the use of images of the above named athlete.

I give Blue Thunder Track Club consent to use photos or video images of my child. Yes _____ No _____

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE NAMED ATHLETE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE ATHLETE.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

MEDICAL AUTHORIZATION WAIVER AND INSURANCE RESPONSIBILITY ACKNOWLEDGEMENT FORM

I, the parent/legal guardian of _____

If you completed a multiple athlete form, please include each athlete's full name in these blanks

_____ hereby authorize the coaches, assistants, assigned chaperones and representatives of the Blue Thunder Track Club to seek medical treatment, (to include anesthesia) for my child, a member of said club, in an emergency situation. I also authorize that the same representatives of the Blue Thunder Track Club be allowed to sign for medical treatment in non-emergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my heirs and personal representatives to waive and release all claims for damages I may now hereafter have arising out of the above named person's participation in any activities of the Blue Thunder Track Club. I further state that to my knowledge, the above named athlete has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level. At any time a previously unknown condition becomes evident, I agree to immediately inform the staff of the Blue Thunder Track Club and obtain medical clearance if necessary for continued participation.

I acknowledge that the Blue Thunder Track Club does not provide individual insurance coverage for club members and agree to provide a current copy of the above named athlete's medical insurance coverage. I further agree to be solely responsible for any expenses incurred as a result of an injury sustained while participating in a club attended event.

Parent Signature: _____ Date: _____

Primary Care Physician:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____

Hospital Preference: _____

Insurance Carrier: _____ Insurance Policy #: _____

Emergency Contact #1: _____
Name Telephone #

Emergency Contact #2: _____
Name Telephone #

List any medication(s) your athlete is taking and the reason for taking it:

List any medical or other conditions that should be considered in making a treatment decision:
