



**** All athletes must have an Athletics Alberta Number at time of registration ****

Athletics Alberta Age Group Categories: _____

Use this chart to determine which age group you/your child will register in for the 2017 cross-country season (all based on age as of December 31, of the current calendar year).

Tyke	9 years of age and under
Pee Wee	10 – 11 years of age
Bantam	12 – 13 years of age
Midget	14 – 15 years of age
Youth	16 – 17 years of age
Junior	18 – 19 years of age
Senior	20+ years of age
Masters	35+ years of age

Athlete Information #1: _____

Athletes Name: _____ Gender: Male Female

Date of Birth: _____ Email Address (if applicable): _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone (if applicable): _____

Member Status: New Returning Athletics Alberta Number: _____

Program: Tyke Pee Wee Bantam Midget Youth Junior Senior Masters

Midget and older athletes ONLY, please indicate the events you are interested in with a ✓):

<input type="checkbox"/>	Distance	<input type="checkbox"/>	High Jump	<input type="checkbox"/>	Shot Put
<input type="checkbox"/>	Sprints	<input type="checkbox"/>	Long Jump	<input type="checkbox"/>	Javelin
<input type="checkbox"/>	Hurdles	<input type="checkbox"/>	Triple Jump	<input type="checkbox"/>	Discus

Athlete Information #2: _____

Athletes Name: _____ Gender: Male Female

Date of Birth: _____ Email Address (if applicable): _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone (if applicable): _____

Member Status: New Returning Athletics Alberta Number: _____

Program: Tyke Pee Wee Bantam Midget Youth Junior Senior Masters

Midget and older athletes ONLY, please indicate the events you are interested in with a ✓):

<input type="checkbox"/>	Distance	<input type="checkbox"/>	High Jump	<input type="checkbox"/>	Shot Put
<input type="checkbox"/>	Sprints	<input type="checkbox"/>	Long Jump	<input type="checkbox"/>	Javelin
<input type="checkbox"/>	Hurdles	<input type="checkbox"/>	Triple Jump	<input type="checkbox"/>	Discus

Parent/Guardian Contact Information: _____

Name #1: _____ Name #2: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Volunteer Commitment: _____

Please note: There is no volunteer commitment for the cross-country season.

Fundraising Commitment: _____

Please note: There is no fundraising commitment for the cross-country season.

Club Registration Totals: _____

Use this table to calculate the fees owed for club registration: * \$50 fee reduction for registration of second child (sibling)

Athlete Name	Club Fee	Add Singlet (\$45)	Subtotal
	<input type="checkbox"/> \$150 for Tykes/ PeeWees/ Bantams <input type="checkbox"/> \$150 for Midget+	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> \$150 for Tykes/ PeeWees/ Bantams <input type="checkbox"/> \$150 for Midget+	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> \$150 for Tykes/ PeeWees/ Bantams <input type="checkbox"/> \$150 for Midget+	<input type="checkbox"/> Y <input type="checkbox"/> N	
Total Fees			

Registration Checklist: _____

The following forms and payment must be submitted for your membership to be in good standing. **At time of registration, please ensure that you have all that is outlined below**, so that we can process your registration quickly. All cheques are made payable to "St. Albert Track and Field Club".

- Confirmation of Registration and Payment to Athletics Alberta **** **NOTE: Athletes will not receive an invitation to Team Snap and be notified of training and team events, until an active/valid AA membership has been confirmed. Please remember to renew or obtain a AA membership for the outdoor season.**
- St. Albert Track & Field Club Membership Application Form
- Club Registration Fee * (to include the \$45 Singlet Fee, if required)
- \$50 Meet Fee Deposit (post-dated for Sept 15, 2017)
- Athletes Code of Conduct Form
- Image Release Form
- Medical Information Form

Please mail your forms to:

St. Albert Track and Field Club
PMB 118, 3-11 Bellerose Drive
St. Albert, AB, T8N 5C9

* Tax receipts will be provided at the end of the year

** A separate fee is required by Athletics Alberta. This fee is REQUIRED for every athlete registering with our club EVEN if they are not competing in track meets. The membership is good for one calendar year (Jan-Dec). Registration with Athletics Alberta provides insurance coverage for athletes while they train and compete at sanctioned meets. The St. Albert Mustangs does not carry individual insurance to cover athlete liability, Athletics Alberta provides this on our behalf. Registration with Athletics Alberta also ensures your results are ranked provincially with Athletics Alberta and nationally with Athletics Canada. PLEASE PAY ONLINE AT www.athleticsalberta.com or <https://www.trackie.com/members/UN-AB.php>

Office Use Only (Confirmation of Items Received):

- | | | |
|--|---|--|
| <input type="checkbox"/> Club Registration Fee | <input type="checkbox"/> Athletes Code of Conduct | <input type="checkbox"/> Image Release |
| <input type="checkbox"/> \$50 Meet Fee Deposit | <input type="checkbox"/> Medical Information | |



St. Albert Mustangs Track and Field Club

ATHLETES' CODE OF CONDUCT

I _____, in recognition of the rights and privileges accorded me as a member of the St. Albert Track and Field Club, hereby pledge to live up to my responsibilities as an athlete and a member of St. Albert Track and Field Club by following the St. Albert Track and Field Club Athletes' Code of Ethics, and specifically:

I WILL RESPECT MY FELLOW ATHLETES, COACHES, ATHLETICS OFFICIALS, PARENTS AND SPECTATORS by:

- Using appropriate language in appropriate tones when interacting with other athletes, coaches, athletics officials, parents and spectators.
- Interacting with all athletes, coaches, athletics officials, parents and spectators without regard to race, religion, colour, sex, sexual orientation, body type, national origin, ancestry, disability, ability, or any other legally protected classification.
- Treating all athletes, athletics officials, parents and spectators with courtesy, dignity and respect.
- Following the training, competitive programs and rules of conduct as agreed upon with my coach and the Board of Directors.
- Regularly seeking ways of increasing my athletic development and self-awareness.
- Upholding the rules of athletics, the spirit of such rules and encouraging other athletes to do the same.

I WILL DO MY BEST TO SUPPORT A SAFE ENVIRONMENT FOR MYSELF AND OTHER ATHLETES, by:

- Maintaining a high level of awareness of potentially unsafe conditions.
- Communicating and co-operating with registered medical practitioners in the diagnoses, treatment and management of medical concerns.
- Participating in all Club testing and satisfying all Club program testing objectives.
- Supporting the protection of athletes from sexual molestation, assault, physical or emotional abuse.
- Avoiding unsafe practice or competition conditions.
- Using appropriate safety equipment necessary to protect myself and other athletes

I WILL SUPPORT A SPORTS ENVIRONMENT FOR ST. ALBERT TRACK AND FIELD CLUB ATHLETES THAT IS FREE OF DRUGS OR OTHER BANNED PERFORMANCE ENHANCING SUBSTANCES, by:

- Being free of drugs or other banned performance enhancing substances at all St. Albert Track and Field Club and other athletics activities.
- Avoiding abusive use of alcohol.
- Never advocating nor condoning the use of drugs or other banned performance enhancing substances.
- Refraining from providing any type of drug or other banned performance enhancing substance to any of my fellow athletes.

I WILL BE KNOWLEDGEABLE IN THE RULES UNDER WHICH I COMPETE, AND I WILL SHARE THIS WITH MY FELLOW ATHLETES, by:

- Becoming knowledgeable, understanding and supportive of all applicable athletics, meet and Club rules, regulations and policies.
- Sharing my understanding of the requirements for compliance with these rules with my fellow athletes.

I WILL USE ALL EQUIPMENT APPROPRIATELY AND IN A SAFE MANNER, by:

- Becoming knowledgeable in the use of equipment owned by the St. Albert Track and Club.
- Ensuring that all equipment owned by the St. Albert Track and Field Club is not removed from the Fowler Athletic Park.
- Ensuring that all equipment is treated with respect and is not misused or deliberately destroyed.
- Reporting any individual that is found misusing or destructing track property to the President of St. Albert Track and Field Club
- Being held responsible for replacement of any misuse or destruction of track property.

Signature: _____
(Athlete's Signature)

Date: ____/____/____ (YY/MM/DD)

Signature: _____
(Parent's Signature if under 18 years of age)

Date: ____/____/____ (YY/MM/DD)



Release Form for Image & Picture Use

I, the undersigned, do hereby consent and agree to the St. Albert Track and Field Club and its coaches, and/or volunteers having the right to take photographs, videotape, or digital recordings of my son/daughter and to use these in any and all media, now or hereafter known, exclusively for the purpose of St. Albert Track and Field Club. I further consent that my son/daughter's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to St. Albert Track and Field Club, its agents, and volunteers all rights to exhibit this work in print and electronic form publicly or privately for internal purposes and marketing purposes. The St. Albert Track and Field Club agrees to not sell individual copies of the pictures and images for resale outside of the organization. I waive any rights, claims, or interest I may have to control the use of my son/daughter's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my son/daughter, either for initial or subsequent transmission or playback.

I also understand that St. Albert Track and Field Club is not responsible for any expense or liability incurred as a result of my son/daughter's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am the parent of (son/daughter's name), have read and understand the foregoing statement, and am competent to execute this agreement.

Parent Name		Date:	
Athlete's Name			
Athlete's Name			
Address			
Phone			
Parent's Signature			



MEDICAL INFORMATION

Athlete's Name: _____ Height _____ Weight _____

Physician's Name: _____ Physician's Phone: _____

Emergency Contact Name: _____ Phone: _____

Any medical conditions or injuries that may affect your ability to train/compete?

Medication:

Additional Comments:

Signature: _____
(Athlete's Signature)

Date: ____/____/____ (YY/MM/DD)

Date: ____/____/____ (YY/MM/DD)

Signature: _____
(Parent's Signature if under 18 years of age)