



APPLICATION

YOUTH INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School and Grade \_\_\_\_\_ / \_\_\_\_\_
Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Primary Events \_\_\_\_\_

PARENTS INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home # \_\_\_\_\_
Cell # \_\_\_\_\_ Email: \_\_\_\_\_
Occupation \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home # \_\_\_\_\_
Cell # \_\_\_\_\_ Email: \_\_\_\_\_
Occupation \_\_\_\_\_

In an emergency, when parent/guardian cannot be reached, please contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Where did you hear about our organization? \_\_\_\_\_

PARENT/GUARDIAN AGREEMENT I, the parent/guardian of the registered, minor participant agree to abide by the rules stated in the parent information Packet and pay participation fees for the Youth Determined to Succeed (YDS) Track Minnesota program. Recognizing the possibility of physical injury associated with the fitness and track & field components activities, I hereby release, discharge and/or otherwise indemnify YDS and its affiliated organizations, partners and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that that my child once registered with the AAU & USATF by will be covered by these membership liability coverage's during track practices and meets.

Parent/Legal Guardian (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of a minor participant in the YDS/TME 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 the participant.

Signed: \_\_\_\_\_

CONSENT FOR MARKETING (Optional)

I understand that YDS/TME would like to feature photos of its participating youth in the upcoming marketing projects, such as its website, Facebook, brochures and flyers. I give YDS/TME my consent to use photos, video, images and testimonies from me and my children. I understand that TME does not make any commitment to provide any type of monetary compensation for the use of these photos, images and/or testimonies.

Signed: \_\_\_\_\_

