

Vaulter Club Pole Vault Registration Form – 2015 /2016 Season

Athlete's Name	Parent / Guardian's Name (if athlete is under 18)
Athlete's Email Address	Parent / Guardian's Email Address
Athlete's USATF Number	Exp Date / /
Address	City, State, Zip Code
Height	Weight
Age (as of Jan 1, 2015)	Date of Birth / /
Athlete's Cell Phone Number	Home Phone # () -
School Attending	Grade
Pole Vault Experience New ___ Less than 1 Year ___ 1-3 Years ___ Other _____	Personal Best _____ ft ___ in
Date of Last Physical	Parent / Guardian's Cell Phone Number () -
Parent / Guardian's Work Phone Number () -	
Emergency Contact Name	
Emergency Contact Phone Number () -	
Any Medical Concerns (illnesses, allergies, previous or pre-existing injuries, etc.)	
What are your goals?	

I hereby grant permission for myself/my child to attend Vaulter Magazine - Vaulter Club Inc. practices and events. I verify that I/my child has had a physical exam in the past year and is capable to participate in the activities related to pole vaulting. I agree to indemnify, hold harmless and defend the Vaulter Magazine - Vaulter Club Inc. coaching staff, any other associated coach, our mentoring staff, Temecula Valley Unified School District, Chaparral High School, or any other pole vault practice or competition facility used by Vaulter Magazine - Vaulter Club Inc., their agents, employees and sponsors from any and all liability for injury to myself or my child as well as any damage caused by myself and/or my child. I understand that track and field, and in particular pole vaulting, are potentially dangerous and could pose risk of injury during the course of instruction or competition. Sports by their very nature pose the continuous threat of injury that no type of equipment can ensure against or prevent. Should medical attention be necessary, I hereby authorize any physician or trainer selected by club personnel to conduct medical or surgical procedures. By signing this form you take full responsibility for you and your athletes actions. You have an active USATF number and the number is valid for this calendar year prior to any training. <http://www.usatf.org/Products---Services/Individual-Memberships.aspx>

I give my consent for emergency medical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that, in such a case, reasonable attempts will be made to contact me, time and conditions permitting. As long as the medical or surgical treatment is considered necessary in the situations in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment. I will be responsible for any medical or other charges in connection with attendance of this club.

Athlete's Name & Signature	Date / /
Parent / Guardian's Name (if athlete is under 18)	Date / /