

# HERITAGE VALLEY BLAZERS YOUTH TRACK & FIELD REGISTRATION FORM 2024



ATHLETE INFORMATION			
NAME ON BC	BOY	GIRL	DOB
SCHOOL NAME	CITY		
PARENT/GUARDIAN			
PARENT/GUARDIAN NAME	RELATIONSHIP		
HOME ADDRESS	CITY	ZIP CODE	
PRIMARY CELL PHONE	PRIMARY EMAIL		
SECONDARY CELL PHONE	SECONDARY EMAIL		
EMERGENCY CONTACT (not parent/guardian)			
CONTACT NAME	RELATIONSHIP		
HOME ADDRESS	CITY	ZIP CODE	
CELL PHONE	EMAIL		
INSURANCE AND MEDICAL INFORMATION			
DOCTOR'S NAME	DOCTOR'S PHONE		
DOCTOR'S ADDRESS	CITY	ZIP CODE	
MEDICAL INSURANCE	INSURANCE PHONE		
INSURANCE POLICY	GROUP ID		
<b>MEDICAL CONDITIONS AND ALLERGIES</b> – LIST ANY/ALL CONDITIONS OR LIMITATIONS WHICH MAY AFFECT THE ATHLETE'S ABILITY TO PARTICIPATE IN THIS SPORT:	<b>RETURNED CHECK POLICY</b> IF A CHECK OFFERED AS PAYMENT(S) IS RETURNED BY YOUR BANK FOR <b>ANY REASON</b> , HERITAGE VALLEY BLAZERS WILL IMPOSE A (\$25.00) TWENTY-FIVE DOLLAR CHARGE FOR ANY RETURNED CHECK(S) AND ANY COLLECTION FEES AND/OR COSTS.  PARENT/GUARDIANS INITIAL <span style="background-color: yellow; display: inline-block; width: 100px; height: 1em;"></span>		
<b>MEDICATION AND ALLERGIES</b> - LIST ALL CURRENT MEDICATIONS (DOSAGE) AND REACTIONS TO MEDICATION	<b>REFUND POLICY</b> IF AN ATHLETE DROPS ON OR BEFORE THURSDAY, FEBRUARY 28, 2024, THE REGISTRATION PAID FEE WILL BE REFUNDED. ATHLETES WHO DROP AFTER THIS DATE WILL FORFEIT THEIR ENTIRE REGISTRATION FEE.  PARENT/GUARDIANS INITIAL <span style="background-color: yellow; display: inline-block; width: 100px; height: 1em;"></span>		
OTHER SIBLINGS IN THE CLUB? YES OR NO	SIBLING NAMES		
ATHLETE AGE & DIVISION			
NEW ATHLETE YES NO	BIRTH CERTIFICATE YES NO		
GREMLIN 7-8 2016-2017 <input type="checkbox"/>	BANTAM 9-10 2014-2015 <input type="checkbox"/>	JUNIORS 11-12 2012-2013 <input type="checkbox"/>	YOUTH 13-14 2010-2011 <input type="checkbox"/>
		INTERMEDIATE* 15-16 2008-2009 <input type="checkbox"/>	YOUNG ADULT* 17-18 2006-2007 <input type="checkbox"/>
UNIFORM			
NEED UNIFORM? YES OR NO	JERSEY	SHORTS	PARENT INITIALS
PAYMENT & VOLUNTEER DEPOSIT			
<b>2024 REGISTRATION:</b>	<b>UNIFORM:</b>	<b>SIBLING DISCOUNT:</b>	<b>TOTAL: \$</b>
CREDIT CARD (LAST FOUR)	CC NAME	CC AMOUNT	BALANCE
CHECK NO.	CHECK NAME	CHECK AMOUNT	BALANCE
<b>VOL DEP CHK/CC NO.</b>	<b>VOL DEP NAME</b>	CASH AMOUNT	BALANCE

\*Intermediate and Young Adult division athletes are to NOT be participating in sports in a public high school, preparatory school, etc.

### EMERGENCY MEDICAL TREATMENT RELEASE

It is understood by the undersigned Parent(s)/Guardian(s) of \_\_\_\_\_ that in case of serious illness or accident, a reasonable effort will be made to contact me. (CHILD'S NAME)

My spouse/guardian, or the emergency contact listed on this application form, will be contacted prior to any medical or dental care commenced, providing time and conditions permit. If, however, I or my spouse cannot be reached with reasonable diligence, or in the case of an immediate emergency, I hereby authorize the representative of the Heritage Valley Blazers Inc., the "Club", to arrange for and to consent to such medical or dental care as may be recommended by a licensed physician or dentist. Such medical and/or dental care shall include, but is not limited to, routine diagnostic tests or examinations, including blood tests, radiographic or laboratory examinations, anesthesia, or any other treatment or care to be rendered under the general or specific supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed under the Dental Practice Act. I further understand that this authorization is given in advance of any specific diagnosis, treatment or care. I agree to hold harmless the Club, its representatives, or any adult acting as an agent for the Club, from any liability arising out of the use of, or reliance, on this document. This authorization is given pursuant to the provisions of Section 25 of the Civil Code of the State of California. This authorization shall remain in effect until December 31, 2024 or no longer than one (1) year from the date of signing this form.

\_\_\_\_\_  
Parent/Guardian Date Witness Date

### HVB CONDITIONS OF CLUB PARTICIPATION

#### PARENTS(S)/GUARDIAN(S) AND ATHLETE RESPONSIBILITIES:

- Athletes will do their best to make every practice and be on time.
- Athletes will be supportive of all athletes on the Club teams.
- Athletes will show respect to all coaches, volunteers, teammates and opponents.
- Athletes will learn all rules and always compete by them.
- Athletes will use appropriate language only.
- Athletes will behave in appropriate conduct, actions to promote good sportsmanship.
- Athletes cannot leave any track meet (even with parents(s) or guardian(s) without informing coaches.
- Athletes will not be in possession of any drugs, alcohol or tobacco at any time.
- Athletes will compete in the designated Club uniforms only.
- Athletes will maintain at least a 'C' average throughout the school year.
- Parents, coaches, volunteers and friends of the Club must be role models for all athletes by conducting themselves as responsible, moral, ethical adults worthy of respect and emulation of children.
- Coaches will monitor attendance at practice and track meets, etc., to provide safety and protection for your athlete(s). Parents are to inform athlete(s)' coach in advance if the athlete will not be able to participate in a practice or meet.
- Parents are responsible for providing transportation on time for their athlete(s) to and from practice/track meets to ensure safety and protection. Coaches will NOT leave the premises of the track until ALL athletes are accounted for.
- Parents are not to remove their athlete(s) from the practice field or competition site without letting the appropriate coach know.
- Parents are not permitted on the track or practice areas during practice or track meets.
- Support coaches and volunteers.
- Parental interference with coaching will not be tolerated. Parents may discuss their athletes training/coaching program with their coaches following practice.
- Parents are to inform the coach of any special needs the athlete may have during the season as needed.
- Parents are required to volunteer at specified track meets and participate in fundraising events (i.e. fireworks booth, etc.). PARENT/GUARDIANS INITIAL \_\_\_\_\_
- Any complaints or disagreements regarding coaches or the Club shall be communicated to the President.
- Speaking ill of the Club and/or creating dissension among Club members will not be tolerated.
- NEW! Athletes will not engage in interpersonal conduct during practices and meets; no kissing, no holding hands, etc.

## HVB CLUB POLICIES

### **MEDIA POLICY**

Athlete, parent and volunteers' photos may be shown on Club Facebook page, Club website and or Club promotional material.

### **RETURNED CHECK POLICY**

If, a check offered as payment(s) is returned by your financial institution for any reason, the Heritage Valley Blazers will impose a twenty-five-dollar (\$25.00) charge per instance and collection fees and/or costs.

### **REFUND POLICY**

If, an athlete drops on or before February 28, 2024, the registration fee will be refunded. Athletes who drop after February 28, 2024, will forfeit their entire registration fee (up to \$120 per athlete).

### **VOLUNTEER DEPOSIT POLICY**

Parent or guardians are required to volunteer a certain number of hours per family. If, the certain number of hours are not met by end of season, then the volunteer deposit check, or credit card will get processed for the amount of \$150. Turn in volunteer deposit check or credit card form to the Club treasurer, Claudia Rivera.

BY SIGNING BELOW, I THE PARENT/GUARDIAN, ACKNOWLEDGE TO HAVE READ AND AGREE TO THE EMERGENCY TREATMENT RELEASE, FOLLOW THE HVB CONDITIONS OF CLUB PARTICIPATION, ACCEPT THE HVB CLUB POLICIES AND GIVE PERMISSION FOR MY ATHLETE TO PARTICIPATE WITH THE HERITAGE VALLEY BLAZERS INC YOUTH TRACK CLUB.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

We are the Heritage Valley Blazers Inc., a youth track & field and cross-country non-profit organization operating in Fillmore, CA.

Our mission is to provide each athlete the opportunity to reach their full potential by developing endurance, strength, self-esteem, discipline, personal accountability and goal achievement while encouraging positive attitudes, good sportsmanship, respect and a love for the sport.

-HVB Board



[WWW.HVBLAZERS.ORG](http://WWW.HVBLAZERS.ORG)