



Team Uniform Order Form

Athlete Name: _____

Item	Description	Size (please circle)
Team Warm-up Suit	Red/Black/White Front Zip Jacket and Pants with ankle zippers	YS YM YL AS AM AL AXL
Team Body Suit	Red/Black/White Sleeveless Unitard	YS YM YL AS AM AL AXL

PHYSICAL EXAMINATION FORM (2004)

Athlete's Name _____ Birth date _____ Home Phone _____

Last First MI

Home Address _____ Sex: Female or Male

Medical Provider(HMO ect.) _____ Medical Record # _____

Address _____ Phone _____

The above named athlete has my permission to participate in MM MISSILES Track Club and to travel with a representative of MM MISSILES Track Club on any trips. In case of injury a MM MISSILES Track Club representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with MM MISSILES Track Club, and will not hold MM MISSILES Track Club or its representatives responsible for payment as the result of any accident or injury.

Medical History (to be completed by parent/guardian)

R or L Handed _____ Allergies to medications _____

Has athlete had the following:

- 1. Injuries to head, neck, bones or joints
2. Any other injuries requiring medical attention
3. Seizures, blackouts or any episode of unconsciousness
4. Heart Trouble, Heart Murmur, High Blood Pressure
5. Any serious infectious disease
6. Hospitalization or operations in the past
7. Stomach, Intestinal, or Urinary Tract problems
8. Is athlete under care of a doctor now
9. Is athlete taking any medication on a regular basis
10. Any Dental Problems

Explain "Yes" Answers

- Yes No
Yes No
Yes No
Yes No
Yes No
Yes No
Yes No
Yes No
Yes No
Yes No

Parent or Legal Guardian Signature _____ Date _____

Emergency Contact if parents cannot be reached _____ Telephone # _____

Physical Examination (to be completed by physician)

DATE : HEAD :
SEX Male or Female NECK :
HEIGHT : HEART :
WEIGHT : LUNGS :
BLOOD PRESSURE : CHEST (Including breasts) :
PULSE : ABDOMEN :
GENERAL APPEARANCE : GENITALIA:
DERM : BACK & EXTREMITIES :
NEUROLOGICAL :

From the above information and the screening physical exam, in my opinion the above mention athlete is / is not physically able to participate in MM MISSILE Track Club. (circle correct one)

Is further consultation necessary? Yes No Specialty _____

Physician's Signature _____ M.D. Date _____

Practice Information

Place: Mira Mesa High School Track Field

Days: Mon. Wed. & Fri.

Time: 5:00 – 6:15 pm extending as daylight allows

ATTIRE: Sweats or sweat suits, shorts and T-shirts, running shoes

Practice Rain Out Schedule

- Call 858-530-9867 after 3:00pm on *rainy practice days only*, and listen to voice recording.
- In the absence of a message, practice will be held as usual.
- Check our web site at: <http://geocities.com/miramesamissiles> for practice information.
- Upon notice, rainy day practice may be held at the Mira Mesa Recreation Center.

DIVISION INFORMATION:

USATF Divisions:

			<u>AGE</u>
SB	SUB BANTAM	1997-1998	7, 8
B	BANTAM	1995-1996	9,10
M	MIDGET	1993-1994	11,12
Y	YOUTH	1991-1992	13,14
I	INTERMEDIATE	1989-1990	15,16
YM	YOUNG MEN	1987-1988	17,18
YW	YOUNG WOMEN	1987-1988	17,18

AAU Divisions:

			<u>AGE</u>
	PRIMARY	1996 & after	8 & under
SB	SUB BANTAM	1995	9
B	BANTAM	1994	10
SM	SUBMIDGET	1993	11
M	MIDGET	1992	12
Y	YOUTH	1990-1991	13,14
I	INTERMEDIATE	1988-1989	15,16
YM	YOUNG MEN	1987-1988	17,18
YM	YOUNG WOMEN	1987-1988	17,18

2. **Report all schedule absences to coach(s).
Two consecutive missed, unexcused practices will result in immediate suspension and recurring episodes can lead to membership dismissal.**
3. **Remain at practice and track meets until dismissed by the coach.**
4. **Be honest, respectful, and reliable at all times when dealing with team staff, teammates, competitors and community.**
5. **Carry the team's name with integrity.**
6. **Maintain grade point average of "C" (2.5).**
7. **Maintain good citizenship marks in school and with the team.**
8. **Obey all coaches and staff instructions.**
9. **Never withdraw your self from any track meet EVENT without the permission of your coach !!!!!**
10. **Maintain Team Sportsmanship. FIGHTING, use of PROFANITY, PERSONAL insults, MISCONDUCT/BEHAVIOR will disrupt the team concept and may lead to membership dismissal.**

Track is a Team Sport

Home phone () _____ Business phone () _____

Emergency phone () _____ Activity _____ Track and Field _____

RELEASE

I give permission for the minor in my custody to participate in the above-mentioned activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I a may have, or which may hereafter accrue to me, as a result of the said minor's participation in said activity. This release is intended to discharge in advance the promotes, sponsors, the San Diego City School district, USAT&F Association, MM Missiles Track Team, the Officials Association, and any and all liability arising out of or connected in anyway with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity and that participation in such activity occasionally sustains mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the MIRA MESA Missiles Youth Track Club

Signature of Parent or Guardian _____

Date _____

CONSENT TO TREATMENT OF MINOR

“ In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the **MIRA MESA MISSILES YOUTH TRACK CLUB** and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.”

Signature of Parent or Guardian _____

Date _____

Family Physician _____ **Phone ()** _____

Insurance Co. _____ **Type of Coverage** _____

Pertinent Medical history Information (Epilepsy, Diabetes, Allergies, etc.):

EMERGENCY NUMBERS: (other than parents)

1. Name _____ phone () _____

2. Name _____ phone () _____

Code of Conduct

Athlete and Parents Must:

- I. **Maintain Track Practice Attendance.**

Membership Agreement Contract

As a member of the Mira Mesa Missiles Track Club (MMMTC), I _____ (applicant's name) agree to be a member for the duration of a track season. During this time I forfeit my right to join another track club in the San Diego track & Field association.

For any reason a Athlete or Parent is dissatisfied with the MMGTC program and wishes to unite with another track club, a mandatory meeting with the Head Coaching or his representative staff is required.

After meeting with the MMMTC Head coach,if you still desire to terminate from the organization a written letter of release will be given to you.

I have read and understand the conditions of this contract.

Athlete Signature _____ Date _____

Parent Signature _____ Date _____

LIABILITY RELEASE FORM

MINOR RELEASE AND CONSENT TO TREATMENT

Child's Name _____ DOB _____

Name of Parent or Guardian _____

Address _____ City _____

Registration Essentials

- 1. Two copies of Birth Certificate _____
- 2. Proof of Doctor Sport Physical _____
- 3. Registration Fee \$215 _____

Transportation

How Will The Athlete Get To Practice?

Car _____ Bus _____ Walk _____ Bicycle _____

Will The Athlete Get Home?

Car _____ Bus _____ Walk _____ Bicycle _____

If A Ride Is Needed Indicate Below

Pickup Place _____

Drop Off Place _____

What Days/Time _____

How Parents Can Help The Team.

- * Sign Up For A Team Duty**
- * Participate In Team Fund Raisers**
- * Provide Refreshments For A Track Meet**
- * Provide Transportation For Kids To Practice And To Track Meets**

BASIC INFORMATION

Athlete Name: _____ **Nickname:** _____

Parents Information

Mother: _____ **Phone (Day):** _____ **(Night):** _____

Address: _____
(if different from athlete)

Email Address: _____

Father: _____ **Phone (Day):** _____ **(Night):** _____

Address: _____
(if different from athlete)

Email Address: _____

Athlete Telephone Number _____ **Birthdate (mmddy)** _____ **Age** _____

School _____ **PE Teacher Name** _____

K12 Grade _____ **Optional Grade Point Average (GPA)** _____

MEDICAL INFORMATION

Doctor's Name: _____ **Phone#:** _____

Medical Provider: _____

Hospital Name: _____

Athlete Blood Type: _____

Medical Problems? () yes () no
If yes please specify: _____

In case of emergency Notify : (other than parents listed above)

Name _____ **Phone** _____ **Cell Phone/Pager** _____

Name _____ **Phone** _____ **Cell Phone/Pager** _____