

REGISTRATION FORM



CL Athletics Stars 2024



"Founded by an
Olympian... Making
Champs since
1901"

Please Print

ATHLETE INFORMATION

Last Name _____ First Name _____

Grade ____ Age ____ Birth date _____ Circle Gender: M or F School _____

PARENT OR GUARDIANS INFORMATION

Last Name _____ First Name _____

Relationship _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Email _____

Last Name _____ First Name _____

Relationship _____ Home Phone _____ Cell Phone _____

Email _____

Is your child currently registered with another track club? Yes ____ No ____

PLEASE PRINT:

I, _____, hereby give permission for my child,

_____ to participate with the C.L. Athletics Stars Track Club spring /summer Track Program. I further release the coaching staff and the C.L. Athletics Stars Track Club from any responsibility for bodily injury my child may receive while participating in the program. I understand that I am responsible for any medical fees accrued by my child as a result of medical attention. I also grant permission to the C.L. Athletics Stars Track Club's president or his/her designee to complete all membership forms and registration materials required by the USA Track and Field Association and Amateur Athletic Union for participation in local and national meets.

I CERTIFY: I am the Parent or Guardian of the above names applicant and the information is true to the best of my knowledge. I also acknowledge the reserved rights of the Stars Track Club and understand that the Stars Track Club does not provide medical coverage.

Signature of Parent or Guardian: _____

Today's Date: _____

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2024**



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INTERNET RELEASE FORM FOR PUBLISHING ATHLETES PICTURES ON THE C.L. ATHLETICS STARS WEBSITE

C.L. ATHLETICS STARS is proud to feature our athletes for the community to enjoy. With your permission, we would like to be able to publish your child's first name, last name, participating event , and photograph on our website.

Please indicate your preference by checking the appropriate spaces below:

I understand that the purpose of sharing this information electronically is to inform the community of the progress of the athletes.

I give my permission for the following information to be displayed on the C.L. Athletics Stars website.

_____ My child's first and last name

_____ My child's photograph

_____ My child's individual or team events

_____ My child's profile

_____ My child's school

Signature of parent or Guardian _____

(Please Print the Information Below)

Child's Name _____

Childs School _____ Grade _____

Parent/Guardian _____

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MEDICAL FORM

Doctor's Name _____ Phone _____

Address _____ City _____ Zip _____

Insurance Carrier Name _____

Policy Number _____

Allergies _____ Medication _____

MEDICAL RELEASE/HISTORY FORM

Applicant's Name: _____

Franchise: C.L. Athletics Stars Track Club

State of Texas County of: Fort Bend and Surrounding Areas

Known all men by these presents that a request has been made to the CL ATHLETICS STARS TRACK CLUB, it's agents, and/or it's designees (1) to provide youth activities for the youth (whether one or more) of the undersigned parents or guardian; (2) to transport by automobile and/or vehicle said youth to various locations; and (3) to seek and obtain medical assistance on behalf of the youth in the event coach and staff, and/or it's designees determine the need of same. In consideration of the granting of such requests, I, the undersigned, as legal parents or guardian of the above listed youth do hereby release and forever discharge any and all claims, demands, liability, legal action or cause of action on account of mishap to the above listed youth which may occur as a result of furnishing youth activities, transportation and/or seeking medical assistance on behalf of said youth.

In case of an emergency, please try to contact my family doctor first at:

Doctor's Name Doctor's Phone Number

Has the applicant or any member of the applicant's family suffered from any major illness or have current health issues:

If he/she is not available, the doctor on call at any hospital has my permission to treat my child. In case of an emergency, I can be reached at:

Home Phone Number Work Phone Number

Parent/Guardian Signature Date



USATF Membership Application

☐ New Member ☐ Renewal (from previous year – USATF Number _____)

Please print or type information

Last Name	First Name	Initial
Address		
City	State	Zip Code
Sex M/F <input type="checkbox"/> Age Today <input type="text"/> <input type="text"/> Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM-DD-YYYY – i.e.: 02-19-1958)		
USA Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Citizenship <input type="text"/>		
Phone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Club No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Club Name <input type="text"/>		
Email <input type="text"/>		

(Your membership # will be emailed to you. Your email address will not be shared with anyone.)

Please check all appropriate sports codes here:

☐ Track ☐ Field ☐ Road Running/LDR ☐ Cross Country ☐ Ultra-Marathon ☐ Mountain/Trail ☐ Race Walking

Membership Category Codes

Please use the codes below – you may indicate one or more categories.

AT: Athlete

DA: Disabled Athlete

CH: Coach-uncertified

CD: Developmental certified

C1: Coach - Level 1 certified

C2: Coach - Level 2 certified

C3: Coach - Level 3 certified

PA: Parent

OF: Official -uncertified

OA: Official – Association

ON: Official - National

OM: Official - Master

AD: Administrator

By signature below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaws, Operating Regulations, and Competition Rules for my level(s) and category(ies) of membership.

Signature (If an athlete is under age 18, parent or guardian must sign)

Date of Application

- - (MM-DD-YYYY)

Important information: Memberships are on a calendar year basis, and expire on December 31. However, if you join between November 1 and December 31 of the current year, the membership will be valid for the following year as well.

Youth members: New or lapsed memberships must submit a copy of birth certificate or other ID.

☐ Check here if you do not wish your address used as part of a direct mail list.