

University of Chicago Track Club

Youth Program Registration Checklist

Required for athletes age 17 and under and must be filled out by a parent or legal guardian.

- Contact Form

- Parental Permission & Acknowledgment Form (not required for athlete's 18 years and older)

- Waiver Form – Release for the University of Chicago

- Waiver Form – Release for the University of Chicago Track Club

- Most recent school physical (not required for athlete's 18 years and older)

- Birth Certificate

- Youth Program Registration Fee
($\$160$ for 1st athlete, $\$160$ for 2nd athlete, $\$100$ for each remaining athlete in the family)

Registration paperwork and fee must be turned in on or before the first practice. You can email your paperwork to Donna Thompson-Brent, dtbrent00@yahoo.com or fax to (312) 379-6242.

If you prefer to mail, send to:
The University of Chicago Track Club
Attention: Donna Thompson-Brent
P.O. Box 15307
Chicago, IL 60615

Any questions?

Please contact Donna Thompson-Brent by email or call (312) 218-1766.

UCTC Important Information to Know

The University of Chicago Track Club (UCTC) participates in 16-18 track meets during the year (indoor and outdoor). During the indoor season, 5-6 meets occur from November to March and the remaining meets are held during the outdoor season from June to August.

Meet registration, including entry fees, is the responsibility of the club. Transportation to and from practices and meets, as well as overnight lodging are the responsibility of the parents. Decisions on the events athletes are running are a responsibility of the coaching staff.

All of our coaches are experienced USATF, grade school, high school or college coaches. All of our coaches work on a voluntary basis.

Track & Field Memberships

UCTC participates in meets sanctioned by the USA Track and Field (USATF) and Amateur Athletic Union (AAU). All members of the team will become members. The club will register your athlete(s) for both memberships.

Registration Fee

Our fee structure is simple and very modest. Our registration fee structure is as follows:

- \$160 for the first child registering in a family,
- \$160 for the second child, and
- \$100 for each additional child.
- For example, if you are registering 3 children, you would pay \$160 + \$160 + \$100 for a total of \$420.

This fee covers both the indoor and outdoor seasons and membership fees for USATF and AAU.

Please note: If you only want your child to participate in one season, i.e., the outdoor season, the fee to cover that season is \$135.

Registration fees should accompany registration paperwork. All checks should be made out to **UCTC or The University of Chicago Track Club**.

Registration Documents

To complete your athlete's entry into the track club, the following documents are required:

- Birth Certificate
- Recent Medical Physical
- Parent Contact Form
- UCTC Waiver
- University of Chicago Facility's Waiver

All registration documents and fees should be turned into Donna Thompson-Brent. Documents can also be emailed to dtbrent00@yahoo.com or faxed to 312.379.6242.

Uniforms

You will have to opportunity to order UCTC uniform and warm-up suit through our uniform chairperson, Erica Pope. If you need to reach Erica, her email address is erica.pope@sbcglobal.net.

Committees

UCTC has a number of committees and is always looking for more help. If you're interested in joining one of the following committees, (Uniform, Registration, Communications, Grants & Scholarships, Travel) please email uctctitans@gmail.com with the committee you're interested in and the appropriate chairperson will be in touch with you.

If you have any questions or concerns regarding the track club, please feel free to contact Coach Thomas at homer219@comcast.net or (708) 415-8486. General questions may be sent to uctctitans@gmail.com.

University of Chicago Track Club

Athlete Information Form

This form is for registration, team contacts, emergency contact, and for notification of meetings. Please type, print or write clearly.

Athlete's Name(s)	Athlete's Birthdate(s)	USATF #	AAU #
Parent or Legal Guardian #1		Parent or Legal Guardian #2	
Address/City, State, Zip		Address/City, State, Zip	
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email Address(es)		Email Address(es)	
Special Parent Interest/Talent for the Club			

University of Chicago Track Club

PARENTAL PERMISSION AND ACKNOWLEDGEMENT

I certify that I am the parent or legal guardian of _____ and that he/she has my permission to participate in the University of Chicago Track Club, Inc.'s (UCTC) activities. I understand that he/she will participate in strenuous athletic training and competition. I acknowledge that the UCTC is an independent entity that is not affiliated with the University of Chicago but uses the University of Chicago's facilities. I agree to abide by all rules and regulations governing the use of the University of Chicago's facilities including the requirements that I be present whenever my athlete uses these facilities.

MEDICAL CERTIFICATION, INFORMATION AND CONSENT FOR MEDICAL TREATMENT

I certify that _____ has no physical condition which would present a risk of injury to him or her or their participation in the athletic activities as described above. If I desire, I can have a physician evaluate the health of _____ at my expense. Neither the University of Chicago Track Club, Inc. (UCTC) nor the University of Chicago has performed a physical evaluation of _____ and neither has any responsibility to do so.

I am responsible for the cost of any medical services that _____ may require. I understand that neither the University of Chicago nor UCTC provides any health, accident or liability insurance to _____ or, me. As myself or one of _____'s parents will attend every activity at the University of Chicago, that parent or myself will be responsible for any medical care decisions which may be necessary including surgery or administration of drugs, blood or anesthetic.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Printed Name(s) of Participant(s)

THE UNIVERSITY OF CHICAGO TRACK CLUB WAIVER AND RELEASE FORM

I certify that I am a parent or the legal guardian for

_____ (“child/ward”) and that s/he has my permission to join the University of Chicago Track Club, Inc. (UCTC) and participate in the UCTC Practices and Meets (the “Activity”). I understand that s/he will engage in an athletic experience which may involve physical activities that have an inherent risk of injury.

In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward's participation in the Activity and in any activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the UCTC, its governing board, officers, agents, employees, and any students acting as employees (“UCTC”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which my child/ward may have or may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by him/her or by any property belonging to him/her, except if caused by the sole negligence of the UCTC, while s/he is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I have signed this Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to injuries or drowning arising from athletic activity, and which could include serious or even mortal injuries and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the UCTC does not require my child/ward to participate in this Activity, but I want him/her, to do so, despite the possible dangers and risks and despite this Release.

I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Printed Name of Participant



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	(/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)
2012-2013 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at http://www.IHSA.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete _____ Date _____ Signature of parent-guardian _____ Date _____

University of Chicago Track Club Uniform Order Form

Please complete this form in its entirety. Incomplete information will result in a delay in your uniform order.

Youth Uniforms (Athletes age 10 & under)					
Quantity	Item	Size	Price	Size to Order	Total
	Youth Shirt (with UCTC Logo)	[S-XL]	\$12.00		
	Youth Shorts	[S-XL]	\$12.00		
	Youth Jacket (with UCTC Logo)	[S-XL]	\$35.00		
	Youth Pants	[S-XL]	\$25.00		

Young Women's Uniforms (Athletes age 11 & up)					
Quantity	Item	Size	Price	Size to Order	Total
	Women's Shirt (with UCTC Logo)	[XS-XXL]	\$32.00		
	Women's Compression Shorts	[XS-XXL]	\$28.00		
	Women's Jacket (with UCTC Logo)	[XS-3XL]	\$39.00		
	Women's Pants	[XS-3XL]	\$28.00		

Young Men's Uniforms (Athletes age 11 & up)					
Quantity	Item	Size	Price	Size to Order	Total
	Men's Compression Shirt (with UCTC Logo)	[S-XXL]	\$32.00		
	Men's Compression Shorts	[S-3XL]	\$28.00		
	Men's Jacket (with UCTC Logo)	[S-4XL]	\$39.00		
	Men's Pants	[S-4XL]	\$28.00		

Athlete's Name _____ Age _____ Male or Female?

Parent's Name _____ Parent's Contact Phone _____

Parent's Email _____

Please contact Erica Pope at Erica.Pope@sbcglobal.net with any questions regarding uniform orders. Payment can be made by cash, check or money order (credit cards cannot be accepted for payment at this time). Checks/Money Orders should be made payable to: **UCTC**. Payment can be mailed to: University of Chicago Track Club, P.O. Box 15307, Chicago, IL 60615.

Parent's Signature:	Date Order Received:
Date Order Placed:	Method of Payment:
	Amount Paid: