



RUNNING WOLF TRACK AND FIELD

SUMMER 2013

DEAR PARENTS,

THIS YEAR I WILL CONTINUE A SUMMER LONG TRAINING PROGRAM FOR TRACK AND FIELD AND GENERAL CONDITIONING. THIS PROGRAM IS DESIGNED TO HELP YOUTH ATHLETES (AGES 12-19) TO EXPAND UPON WHAT THEY LEARNED DURING THEIR SCHOLASTIC ATHLETIC SEASON.

WE WILL CONTINUE TO COMPETE BUT THE MAIN FOCUS WILL BE ON CONDITIONING AND IMPROVEMENT OF SKILL.

PRACTICES WILL BE HELD ON MONDAY, WEDNESDAY AND THURSDAY FROM 4:00 PM – 5:30 PM AT VARIOUS LOCATIONS (STONER, WEST LA COLLEGE).

TO ALLOW THE ATHLETES TO COMPETE IN JUNIOR MEETS, I HAD TO FORMALLY FILE A TRACK CLUB WITH USA TRACK AND FIELD, GO THROUGH BACKGROUND SCREENING AND BE CERTIFIED AS A USATF COACH. EACH PARTICIPANT WILL BE REGISTERED WITH USA TRACK AND FIELD. THE CLUB NAME IS RUNNING WOLF TC. THIS IS ALL REQUIRED FOR ME TO INSURE THE PROGRAM FOR THE SUMMER.

IN THE PAST FEW YEARS WE HAVE HAD ATHLETES TRAVEL TO REGIONAL AND NATIONAL MEETS AND LOOK TO HAVE SOME HEADED BACK THIS YEAR.

PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS.

BEST,
COACH LUPI
coachlupi@running-wolf.com
310.801.7579





TENTATIVE PRACTICE SCHEDULE

WEDNESDAY, MAY 22 4:00-5:30	STONER PARK
THURSDAY, MAY 23 4:00-5:30	STONER PARK
WEDNESDAY, MAY 29 4:00-5:30	STONER PARK
THURSDAY, MAY 30 4:00-5:30	STONER PARK
MONDAY, JUNE 3 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JUNE 5 4:00-5:30	WEST LA COLLEGE
THURSDAY, JUNE 6 4:00-5:30	WEST LA COLLEGE
MONDAY, JUNE 10 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JUNE 12 4:00-5:30	WEST LA COLLEGE
THURSDAY, JUNE 13 4:00-5:30	WEST LA COLLEGE
MONDAY, JUNE 17 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JUNE 19 4:00-5:30	WEST LA COLLEGE
THURSDAY, JUNE 20 4:00-5:30	WEST LA COLLEGE
MONDAY, JUNE 24 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JUNE 26 4:00-5:30	WEST LA COLLEGE
THURSDAY, JUNE 27 4:00-5:30	WEST LA COLLEGE
MONDAY, JULY 1 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JULY 3 4:00-5:30	WEST LA COLLEGE
MONDAY, JULY 8 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JULY 10 4:00-5:30	WEST LA COLLEGE**
THURSDAY, JULY 11 4:00-5:30	WEST LA COLLEGE
MONDAY, JULY 15 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JULY 17 4:00-5:30	WEST LA COLLEGE**
THURSDAY, JULY 18 4:00-5:30	WEST LA COLLEGE
MONDAY, JULY 22 4:00-5:30	WEST LA COLLEGE
WEDNESDAY, JULY 24 4:00-5:30	WEST LA COLLEGE**
THURSDAY, JULY 25 4:00-5:30	WEST LA COLLEGE

MEET SCHEDULE

SAT-SUN, MAY 25-26 ALL DAY	LA JETS INVITATIONAL, CERRITOS COLLEGE
FRI-SUN, JUNE 7-9 ALL DAY	SO. CAL. JUNIOR OLYMPICS, CERRITOS COLLEGE
SAT-SUN, JUNE 24-25 ALL DAY	REGION 15 JUNIOR OLYMPICS LAS VEGAS, NV
WED, JULY 10 5:00-8:00	WEST LA COLLEGE ALL COMERS MEET
WED, JULY 17 5:00-8:00	WEST LA COLLEGE ALL COMERS MEET
WED, JULY 24 5:00-8:00	WEST LA COLLEGE ALL COMERS MEET
MON-SUN, JULY 22-28 ALL DAY	NATIONAL JUNIOR OLYMPICS, GREENSBORO, NC



REQUIREMENTS

- FILLED OUT PARTICIPANT INFORMATION / WAIVER FORM
- AGE VERIFICATION (COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE OR PASSPORT)
- CLUB FEE

FEE INCLUDES

- 24 PRACTICE SESSIONS
- COMPETITION SINGLET
- ENTRY FEES INTO MEETS
- USA TRACK AND FIELD MEMBERSHIP
 - ENTRY INTO USATF SANCTIONED EVENTS
 - SUBSCRIPTION TO FAST FORWARD MAGAZINE
 - SUBSCRIPTION TO SOUTHERN CALIFORNIA RUNNING MAGAZINE
 - SPORTS ACCIDENT INSURANCE

NOT INCLUDED

- TRANSPORTATION TO/FROM MEETS
- MEALS/SNACK

WHAT TO BRING TO PRACTICE

- PROPER RUNNING SHOES
- SPIKES FOR PRACTICING ON THE TRACK
- WATER / SNACK IF NEEDED
- WARM UP CLOTHES (JACKET/LONG PANTS)
- SUNSCREEN

USA TRACK AND FIELD LEVELS

WHILE COMPETING WITH USA TRACK AND FIELD ATHLETES COMPETE IN SPECIFIC AGE GROUP. THEY ARE AS FOLLOWS:

UNDER 9

9-10

11-12

13-14

15-16

17-18

UNDER 20

ANY



40 AND OVER

PARTICIPANT INFORMATION

Age _____

Last Name _____ First Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone number _____ E-mail _____

Emergency Contact _____ Emergency Number _____

Emergency Contact _____ Emergency Number _____

TRAINING INFORMATION

Track and Field Summer June 1st -July 31st

Singlet Size: Youth Medium Youth Large Small Medium X-Large

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____

Phone number _____ Work number _____ Cell number _____

COST

Cost: \$350

Please make checks Payable to Paul Lupi.

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in the medical kit.

Child's Doctor's Name: _____

Phone Number: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them:

Does your child have any allergic reactions to sunscreen? Yes No

May we serve your child food and beverages: Yes No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.



Medications (including Inhalers): Yes No

If your child must take medication, please note here. All medications must be in their original containers and be appropriately labeled.

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name: _____ Group #: _____

Address _____ City _____ Zip Code _____

Name of Insured: _____ Relationship to participant: _____

AUTHORIZATION OF CONSENT

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize any hospital for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code § 2000 et. seq: or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professionals Code § 1600 et. Seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of the California Family Code § 6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of the California Family Code § 6910, to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code § 1283.

These authorizations shall remain effective until January 31, 2014, unless sooner revoked in writing delivered to said agent(s).



INDIVIDUAL CONTRACT

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend the Running Wolf Track Club and the officers, employees, volunteers and agents of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the Running Wolf Track Club of liability for any claims that may arise out of activity. The Running Wolf Track Club also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of the Running Wolf Track Club. I also understand that participation in the program can cause severe injury or death and I have taken care to enroll at the level of his/her/my/our physical abilities and/or medical conditions. I hereby grant permission to the Running Wolf Track Club to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

Signature of Parent/Guardian of Minor

Date

Participants name

FOR OFFICIAL USE ONLY

PROOF OF AGE: Yes No **Type of proof:** ID Card Birth Certificate Passport
PAID FEE: Yes No **Type of payment:** Cash Check