



RUNNING WOLF TRACK AND FIELD

Fall 2016

Dear Parents,

This year we will host the Santa Monica Speed Academy along with Santa Monica High School Track and Field. This is a fall training program for youth athletes (ages 10-14) designed to prepare athletes to compete at the youth and scholastic levels.

The training will focus on skill development and technique and will conclude with a meet in December.

Practices will be held on Monday and Wednesday from 4:30-5:30 pm at Santa Monica High.

The club is USA Track and Field (#33-520) and AAU sanctioned and the coaching staff are all certified by USATF and California Interscholastic Federation.

Since 2010 we have had athletes compete and travel to regional and national meet and look to have many headed back again. Please let me know if you have any questions.

Best,

Coach Lupi

coachlupi@running-wolf.com

310.801.7579





RUNNING WOLF SCHEDULE FALL 2016

PRACTICE SCHEDULE

Wednesday, October 5	Monday, October 10
Wednesday, October 12	Monday, October 17
Wednesday, October 19	Monday, October 24
Wednesday, October 26	Monday, October 31
Wednesday, November 2	Monday, November 7
Wednesday, November 9	Monday, November 14
Wednesday, November 16	Monday, November 21
	Monday, November 28
Wednesday, November 30	Monday, December 5
Wednesday, December 7	Monday, December 12
Wednesday, December 14	

MEET SCHEDULE

Saturday, December 17 Santa Monica All Comers 9 AM

REQUIREMENTS

- FILLED OUT PARTICIPANT INFORMATION / WAIVER FORM
- CLUB FEE \$300- 2x week \$200-1x week

FEE INCLUDES

- 20 PRACTICE SESSIONS
- TShirt
- Entry fee into All Comer Meets

NOT INCLUDED

- TRANSPORTATION TO/FROM MEETS
- MEALS/SNACK

WHAT TO BRING TO PRACTICE

- PROPER RUNNING SHOES
- WATER / SNACK IF NEEDED
- WARM UP CLOTHES (JACKET/LONG PANTS)
- SUNSCREEN



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: \$300 2x per week \$200 1x per week

Please make checks Payable to Running Wolf TC

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, 2017, 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