

CONSENT & AUTHORIZATION
SOUTH KITSAP TRACK & FIELD CLUB

I, _____ give my consent for the below named participant(s) to participate in the activity programs of the above listed organization.

If in event of injury, does the coaching staff have your permission to seek medical attention from the nearest physician, trainer, or paramedic? Yes ___No___ If NO, please state the procedure you wish the coaching staff to follow:

Child's Name (please list each child you are registering)	Birth Certificate on file	Please be aware of the following Allergies/health conditions:

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CODE OF CONDUCT

All athletes are expected to come to practices and meets in attire appropriate for running, jumping and throwing. All athletes are expected to display acceptable behavior and to follow coaches' and officials instructions. Physical or verbal abuse by *parents* or *athletes* will not be tolerated under any circumstances. Athletes are expected to be in assigned meeting areas under the supervision of a coach or coaches for the full practice time. While at practice, athletes are expected to participate in the designated workout for their age group or event under the supervision of a coach. Any athlete who is unwilling to adhere to the afore mentioned Code of Conduct will be removed from the SKTFC Jaguars without refund of registration fee.

By signing below, you are acknowledging that you & your athlete(s) will adhere to the Code of Conduct.

Parent Signature _____ **Date** _____

Athlete Signature _____ **Date** _____

Athlete Signature _____ **Date** _____

Athlete Signature _____ **Date** _____

Athlete Signature _____ **Date** _____

At registration, parents/guardians may sign for their athlete ages 10 & under, on the condition that they inform their child/children of the Code of Conduct policy.

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WAVIER FOR PUBLICITY

I _____ give/decline (circle one) permission to have my child/children's photograph or results published in any media.