



RISING STARS
Track Club

RISING STARS TRACK CLUB

P.O. Box 522, RIALTO, CA 92377 • (909) 873-5062 • WWW.CALRISINGSTARS.COM

2012 Membership Application

Athlete Last Name:		Date of Birth:	
First Name:	MI:	Age:	
Email Address:		Gender:	
Address:		Uniform Size:	
PARENTS INFORMATION:			
Fathers Name:		Home Phone:	
Address:		Cell Phone:	
Mothers Name:		Home Phone:	
Address:		Cell Phone:	
EMERGENCY CONTACT INFORMATION:			
Name:		Phone:	
MEDICAL INFORMATION:			
Doctors Name:		Phone:	
Date of Last Physical:		Medical #:	
Disabilities: (Check all that apply)		No Disabilities: <input type="checkbox"/>	
Sight:	<input type="checkbox"/> Y <input type="checkbox"/> N	Hearing:	<input type="checkbox"/> Y <input type="checkbox"/> N
Other:	<input type="checkbox"/> Y <input type="checkbox"/> N	Respiratory:	<input type="checkbox"/> Y <input type="checkbox"/> N
Please specify: _____			
Rising Stars Invitational Volunteer Assignment Request: April 28-29, 2012 (Required for all Club Level athletes)			
<input type="checkbox"/> Snack Bar	<input type="checkbox"/> Security	<input type="checkbox"/> Finish Line	<input type="checkbox"/> Clerk of the Course
<input type="checkbox"/> Shot Put/Discus	<input type="checkbox"/> Clean-up/Bathrooms	<input type="checkbox"/> Announcer	<input type="checkbox"/> Registration
<input type="checkbox"/> Results	<input type="checkbox"/> Javelin/Pole Vault		
Other Volunteer Opportunities: (Optional)			
<input type="checkbox"/> Photographer	<input type="checkbox"/> Video Taping	<input type="checkbox"/> Website	
<input type="checkbox"/> Coaching	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Media Coordinator	<input type="checkbox"/> Other: _____
			Amt Enclosed
TEAM FEES (All Fees are Non-Refundable)		Registration Rec. Team	60.00
		Registration Club Team	85.00
		High School Team	85.00
		Training Only	85.00
		Total:	
		Exp: _____ 3-digit Sec Code: _____	
		CC#: _____ \$3.00 Service Charge applies	
PLEASE READ AND APPROVE:			
I hereby acknowledge that the athlete named above has been examined by a physician within one (1) year to compete in athletic activities. <u>I do hereby give my consent for the above athlete to participate in the Rising Stars Track Club track and field running program and agree to participate in all required fundraisers.</u> I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against the Rising Stars Track Club, Inc., ITS OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AGENTS, OR ITS representatives FROM ANY AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE RISING STARS TRACK CLUB, INC. OR FOR WHICH THE RISING STARS TRACK CLUB IS A PARTICIPANT. I authorize the coaching staff of the Rising Stars Track Club to make any decisions concerning health, welfare and safety including medical treatment for this athlete during my absence. I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.			
Signature:		Date:	