



# Columbus Running Club

## Youth Track Club

### Who:

Youth aged 7 through 18 interested in track and field.  
Beginners and experienced athletes are welcome.

### When:

First practice is May 21, 2018.  
Practices on Monday, Wednesday and Thursday evenings from 5:30 to 7:00 p.m.  
Registration starts now through June 6.  
Last practice June 28, 2018.  
Additional practices will be scheduled if needed for athletes advancing to Regional and National competitions.

### Where:

Northside Middle School track, Columbus, IN.  
(pole vault at Columbus North HS)

### Cost:

\$65 for track club membership. (Includes shirt, USA Track and Field membership, meet fees for two meets). Family discount, \$60 for 2<sup>nd</sup> member, \$55 for 3<sup>rd</sup> (or more) member.

Columbus Running Club family members or Girls on the Run/Trailblazers members, \$45.

USATF membership is required for club insurance coverage.

### Practice Schedule:

May 21, 23, 24  
May 30, 31 (no practice on the 28<sup>th</sup>, Memorial Day)  
June 4, 6, 7  
June 11, 13, 14  
June 18, 20, 21  
June 25, 27, 28

### Meet schedule:

May 26 Chick-Fil-A Youth Track Meet (Noblesville)  
June 2 IN State Athletic Club Meet (Terre Haute)  
June 9 IYTA Midwest Championship Meet (Fishers)  
June 16-17 USATF Indiana Junior Olympics (Muncie)  
June 23 IYTA Championship (Westfield)

Other meets may be added as information becomes available.

### How:

Online registration coming

Send completed application to:

Columbus Running Club  
P.O. Box 1317  
Columbus, IN 47202-1317

### Or bring to any practice.

A copy of birth certificate is needed for confirmation of age for USATF. Copies will be returned or shredded at the end of the season. (If already USATF age verified, birth certificate not needed.)

### Questions:

Contact:

Randy Stafford (812) 377-3279  
email: [rjsrunning3500@yahoo.com](mailto:rjsrunning3500@yahoo.com)  
Christina Newell (812) 350-7005  
email: [newelldni@aol.com](mailto:newelldni@aol.com)

Additional information is available online at:  
[www.runcolumbus.org](http://www.runcolumbus.org)



# Columbus Running Club

## Youth Track Club

### Application:

Child Name: \_\_\_\_\_

Sex: M / F \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

T-shirt size: YS YM YL AS AM AL

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**Liability Waiver:** By execution of this waiver, I assume all risks associated with my participation in the Youth Track Club practices and competitions. As a member of USA Track & Field, I agree to abide by the applicable USATF rules and regulations for my level and category of membership.

Signature: \_\_\_\_\_

Parent or guardian must sign if under 18 years of age.

**Registration Waiver:** By execution of this waiver, I authorize the Columbus Running Club to register my child with USA Track & Field for participation in this program for the May 21 through July 29, 2018 summer track season. In addition, I authorize Columbus Running Club to complete on-line registration for my child's participation in the Indiana Association Junior Olympics track meet. I understand that I am responsible for completing an anti-doping certification (if requested) to be retained by the Columbus Running Club.

Signature: \_\_\_\_\_

Parent or guardian must sign if under 18 years of age.

**Authorization for Medical Treatment of a Minor:** I/we, being the parent(s)/legal guardian(s) of \_\_\_\_\_, a minor, do hereby appoint Columbus Running Club Track program staff to act on my/our behalf, in the event that I/we cannot be contacted, to authorize or refuse necessary emergency treatment while participating at scheduled practices and meets during the May 21 through July 29, 2018 summer track season. I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Columbus Running Club in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by the Columbus Running Club.

Emergency contact #(s): \_\_\_\_\_

Preferred physician/treatment center: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or guardian must sign if under 18 years of age.