

Jacksonville Athletic Club Registration Form (All Groups)



Athlete Name: _____

School: _____

Group Signing Up For:

- JAC Youth
- JAC Fall Training
- JAC Elite Summer Club
- JAC Emerging Elite Summer Club
- Lessons Only

Event(s): _____

Personal Bests: _____

Jersey Size: _____ T Shirt Size: _____

Athlete Cell: _____ Athlete Email: _____

Parent(s) Name: _____ Contact #: _____

Parent(s) Email: _____ Preferred method of communication: _____

Home Address: _____

*Please send in all completed forms, copy of your birth certificate or driver's license (for summer club only) and 1st month payment to:

Jacksonville Athletic Club, 12174 Basalt Dr S, Jacksonville, FL 32246*

Checks need to be made payable to "Jacksonville Athletic Club"

Jacksonville Athletic Club

Medical Insurance Information/Authorization

Dear Parents or Guardian(s): All participants of the Jacksonville Athletic Club must be insured to participate in any physical activity. Please provide us with a copy of your insurance card along with the following information:

ATHLETE NAME _____ SS# _____

DATE OF BIRTH _____ SEX _____

FATHERS NAME _____ DOB _____

ADDRESS _____ PHONE _____

MOTHERS NAME _____ DOB _____

ADDRESS _____ PHONE _____

Is your son/daughter covered by medical insurance? YES _____ NO _____

If so, does your insurance require pre-certification for surgeries/services? YES _____ NO _____

Please provide the following information for parent under which the athlete is insured:

EMPLOYER _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY _____

POLICY# _____ GROUP# _____ DEDUCTIBLE \$ _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

MAILING ADDRESS FOR INSURANCE COMPANY CLAIM OFFICE

PHONE _____

Should your son/daughter be covered by an HMO, please provide the following:

NAME OF PLAN _____ PHONE _____

PHONE FOR OUT-OF-AREA OR AFTER-HOURS CARE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY CARE PHYSICIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

Please list any past injuries we should be aware of:

Please list any allergies we should be aware of:

Please list any additional medical information or instructions we should be aware of:

THE ABOVE INFORMATION IS COMPLETE, ACCURATE, AND INCLUSIVE TO THE BEST OF MY KNOWLEDGE

Signature of Parent or Guardian _____ Date _____

STATEMENT OF WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

ATHLETE AND PARENT MUST READ THE FOLLOWING STATEMENT AND SIGN:

I am aware participation in the sport of track and field can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participation in track and field include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand the dangers and risks of participation in track and field may not only result in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. Due to the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions. I do understand, however, that the risk of injury cannot be fully eliminated.

I hereby assume all risks associated with participating in track and field and agree to hold the Jacksonville Athletic Club, it's owners, employees, agents and staff along with The Bolles School and University of North Florida harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Jacksonville Athletic Club. The terms of this document shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I have read and understand the inherent risk involved in the sport of track and field. I agree to obey the policies and directions of the Jacksonville Athletic Club and its staff.

Parent Signature: _____ **DATE:** _____

Athlete Signature: _____ **DATE:** _____

Emergency Medical Treatment Authorization

I, the undersigned parent of legal guardian of _____ do hereby authorize the Staff of the Jacksonville Athletic Club to secure any and all emergency medical treatment for my student-athlete in the event that I cannot be contacted.

Parent Signature: _____ **DATE:** _____

EMERGENCY CONTACT NUMBER: _____ Relationship: _____

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Travel Liability Release

It may be necessary to transport your son or daughter to a meeting, event, or other facility. I do hereby give consent for my son/daughter to be transported and I do hereby waive any claims for accident, injury or illness that may arise as a result of having been transported

Parent Signature: _____ **DATE:** _____



Code of Conduct

All individuals (athletes, parents, coaches) involved in the Jacksonville Athletic Club (JAC) represent not only him/herself, but also the club at all practices and competitions. Participation in this club carries with it a great deal of personal responsibility. Please read the following personal responsibilities you will adhere to as a member of the Jacksonville Athletic Club. Failure to abide by this code of conduct could result in dismissal from the club. Illegal actions will not be tolerated and will result in immediate dismissal from the club without refund.

- Arrive on time to practice, time missed will not be made up
- Be respectful to all officials, teammates, and competitors
- Keep all practice facilities and competition sites clean and in good condition
- Good sportsmanship is expected from all athletes and parents
- Adhere to all facility rules at The Bolles School and competition sites
- **Parents will parent, coaches will coach, and athletes will compete**
 - o If you have a question for a coach please wait until after the event (practice or competition) has concluded and speak with them privately
 - o Athletes are invited to ask questions of coaches but all instruction should be followed

I have read and understand the Jacksonville Athletic Club's code of conduct and will abide by the above expectations.

Athlete Name: _____ Signature: _____ Date: _____

Parent's Name: _____ Signature: _____ Date: _____

Parent's Name: _____ Signature: _____ Date: _____