

REVELATION PEAK PERFORMANCE
TRACK CLUB



“CITIUS, ALTIUS, FORTIUS”

Thank you for interest in Revelation Peak Performance Track Club!

Revelation Peak Performance Track Club is character building athletic program designed to introduce, instruct and refine proper techniques and training in the sport of Track and Field for youth ages 7 through 18.

Below you will find how to first register through USA Track and Field (USATF) and then with the club. The USATF membership fee is \$20 and the membership will last through the end of 2018, when registering after November 1, 2017. This will allow your athlete to compete in USATF sanctioned meets and it will provide insurance while your athlete practices with us. The USATF membership must renewed each calendar year.

The link is <https://www.usatf.org/Home.aspx> and click the Join/Renew tab to get started. Our USATF Club number is **13-0921**. Please make sure to add our club number to ensure your athlete is listed as a part of our club. After registering, send a copy of your athlete's birth certificate with the USATF membership number written on it to:

Katherine Branch
USATF North Carolina
PO Box 576
Garner, NC 27529

The birth certificate can be faxed to Katherine Branch at 919-590-1843. On the cover page include **Revelation Peak Performance Track Club** and **13-0921** for quicker processing.

This part is very important because some meets will need age verification before your athlete can compete and this will provide it.

On your first day of practice, please bring your completed registration packet, a copy of your athlete(s) birth certificate(s), and a completed parent volunteer form.



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Our Training Schedule:

- Indoor Season – December through March
- Outdoor Season – April through July

Practice Schedule

- For the Greenville location, our practice schedule day/times are Mondays, Tuesdays, and Thursdays at 6:00pm for Indoor and 6:15pm for Outdoor. Current practice locations include EB Aycok, JH Rose, North Pitt, and other locations in the Greenville area. Locations will be announced ahead of time via text message.

Here are our fees:

- RPP Training fee is \$160 per season
- Sibling discount
 - 2nd athlete is \$135 per season
 - 3rd athlete is \$125 per season
 - For 4 or more siblings, please contact one of the Coaches
- **Payment Options**
 - Paid in full on your first day of practice OR
 - Monthly Payments
 - Each payment is due by the 5th of each month or you will incur a \$20 late fee
 - \$80 non-refundable deposit per athlete is due Dec/April
 - \$30 due Jan/May (1st sibling \$21 & 2nd sibling \$15)
 - \$25 due Feb/June (1st sibling \$17 & 2nd sibling \$15)
 - \$25 due March/July (1st sibling \$17 & 2nd sibling \$15)
 - Monthly fee must be paid in full prior to practicing with the team
- **Uniform fee** is \$30
 - Includes a singlet and matching compression shorts
- **Team T-shirts**
 - \$15 for athletes
 - \$20 for parents and team supporters

Travel to Track Meets

- At this time, travel and lodging to and from scheduled track meets will be the responsibility of the parent/guardian. Car pooling is encouraged.

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FALL - SUMMER REGISTRATION FORM

Athlete's First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____ (Provide Copy of Birth Certificate) Gender: Male Female (Circle)

School: _____

Grade: _____

Allergies: _____

Mother/Guardian

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City, State, Zip: _____

Contact: (H) _____ (W) _____ (C) _____

E-Mail Address: _____

Father/Guardian

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City, State, Zip: _____

Contact: (H) _____ (W) _____ (C) _____

E-Mail Address: _____

Athlete resides with: Mother/ Father / Both (Circle)

Emergency Contact: _____ Relationship: _____ Telephone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Registration Fee Payments

Date Rec'd _____ Amount _____ Receipt # _____

Date Rec'd _____ Amount _____ Receipt # _____

Date Rec'd _____ Amount _____ Receipt # _____

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**PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM
DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:**

I, the parent or legal guardian of _____, a minor, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, acknowledge that participation in track & field involves travel, play/practice in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. On behalf of the above named athlete, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

On behalf of the above named athlete, I further acknowledge that the Revelation Peak Performance Track Club, Inc. is primarily administered by volunteers and not paid professionals. On behalf of the above named athlete, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation. **I understand that I risk dismissal from the team without refund for failure to comply with the stated Rules, Regulations and Guidelines of Revelation Peak Performance Track Club, Inc. or for behavior deemed inappropriate or detrimental to the mission of the team.**

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, I hereby release, discharge, indemnify and agree to hold harmless Revelation Peak Performance Track Club, Inc., its volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by Revelation Peak Performance Track Club, and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs expenses and compensation arising out of or in any way related to any injury or other damages that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Revelation Peak Performance Track Club, Inc. attended event, including any physical or other injury caused by the negligence of any person or entity described above.

ACKNOWLEDGEMENT AND CONSENT: For both internal and external use, I acknowledge that Revelation Peak Performance Track Club, may compile and use photographs and video images of the above named individual, a minor, for use in all club related publications to include but not limited to videos, website and written materials such as Sponsorship Packets or club advertisements. I hereby waive all rights to monetary compensation resulting from the use of images of the above named athlete.

I consent to the use of photo or video images of my child. _____.

Parent signature

I do not consent to the use of photo or video images of my child. _____.

Parent signature

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE NAMED ATHLETE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE ATHLETE.

DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE

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Medical Authorization Waiver and Insurance Responsibility Acknowledgement Form

I, the (parent/legal guardian) of _____ hereby authorize the Coaches, Assistants, Assigned Chaperones and Representatives of Revelation Peak Performance Track Club, Inc. to seek medical treatment, (to include Anesthesia) for my child, a member of said club, in an emergency situation. I also authorize that the same representatives of Revelation Peak Performance Track Club, Inc. be allowed to sign for medical treatment in non-emergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my Heirs and personal representatives to waive and release all claims for damages I may now hereafter have arising out of the above named person’s participation in any activities of Revelation Peak Performance Track Club, Inc. I further state that to my knowledge, the above named athlete has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level. At any time, a previously unknown condition becomes evident, I agree to immediately inform the staff of Revelation Peak Performance Track Club, Inc. and obtain medical clearance if necessary for continued participation.

I acknowledge that Revelation Peak Performance Track Club, Inc. does not provide individual insurance coverage for club members and agree to provide a current copy of the above named athlete’s medical insurance coverage. I further agree to be solely responsible for any expenses incurred as a result of an injury sustained while participating in a club-attended event.

Insurance Company: _____ Policy #: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE _____

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Revelation Peak Performance Track Club, Inc. Physical Evaluation Form

This Physical Evaluation Form expires one calendar year from date of the examination.

Child's Name: _____

_____ First Middle Last

Birth date: _____ Grade: _____ School: _____

Address: _____

Telephone: _____

Street City Zip Code

In case of an emergency, please contact _____

Telephone: _____

TO BE FILLED OUT BY THE PARENT/GUARDIAN

Please answer the following questions, explain any YES answers. YES

NO

Has the child been hospitalized?

YES

NO

Does the child have any chronic illness?

YES

NO

Has the child had surgery?

YES

NO

Has the child ever passed out during any activity?

YES

NO

Has the child ever had a bone or joint disorder, fracture, broken bones?

YES

NO

Does your child have allergic reaction to medications?

YES

NO

Does the child have any other allergies?

YES

NO

Is the child taking medication regularly?

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Practice Site – Pitt County Schools: Hold Harmless and Release Form

The undersigned is registering individually as used on registration form; registrant is an adult registering for an activity individually or as a parent/legal guardian of a minor, child or both. I recognize the possibility of physical injury associated with the participation at any Pitt County School and the use of their track facility. I hereby assume any RISKS and release, discharge and otherwise indemnify the Pitt County Schools administration, staff and its officers, against any claim for injuries received by the registrant {and/or minor(s)} as a result of participation in the 2016-2017 Track and Field practices or use of any Pitt County School's Track facility.

The undersigned hereby gives consent for participation in the 2016 -2017 Track Practice. In addition, the undersigned gives consent for emergency care prescribed by a duly licensed physician or trainer. This care may be given under whatever circumstances necessary to preserve the life, limb or well being of the registrant and or minor(s). In addition, all participants must have medical health insurance and must be in good physical fitness and health.

Print Name of Athlete/Participant: _____

Print Name of Parent/Legal Guardian: _____

Address: _____

Signature (must be 18 years old): _____

Relationship to Minor: _____

Address: _____

List Member's Illnesses, Physical Conditions, Allergies, etc. (For example, "Asthma")

(If none, please write "NONE".)

Phone: _____ Medical Doctor: _____

Emergency Phone: _____ Contact: _____

Medical Insurance Policy # _____

Date _____

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**Revelation Peak Performance Track Club
Parent Volunteer Form**

Dear Parents and Team Supporters,

We are so excited to have you join the Revelation Family! Our goal is to make this a fun and successful year for your athlete, as we work with them to develop discipline and strength of the mind and body. We will not be successful without your help!

Please mark areas of interested participation below. Thank you in advance for your help and support!

- Video & Photography Committee** – Assist with taking pictures and videos at practices and meets for both track and field athletes
- Time Keeper Committee** – Assists with keeping accurate logs of event stats per event for each age group (8 & under, 9-10, 11-12, 13-14, 15-16, 17-18)
- Community Sponsor Committee** - Assist with identifying, contacting, and securing community sponsors
- Grant Writing Committee** – Assist with preparing and writing grants for funding
- Snack Committee** – Assist with coordinating nutritious snacks and beverages at scheduled meets
- Fundraiser Committee** – Assist with identifying and scheduling upcoming fundraisers
- Public Relations Committee** – Assist with preparing materials and updating media outlets (ex. Newspaper and Website)
- Team Mom Committee** – Ensures athletes are accounted for at all times and keeps control of athletes in the stands/designated area at scheduled meets
- Team Dad Committee** - Ensures athletes are accounted for at all times and keeps control of athletes in the stands/designated area at scheduled meets, assists with team tent and team coolers
- End of Year Banquet Committee** – Assist with organizing End of Year Banquet

Name (print) _____