



2022 Rochelle Area Track Club

Oldest Active USATF Track Club in Illinois

Who: Boys and Girls entering 1st grade-12th grade (high school athletes can either participate and practice or help as assistants. If they participate, they will register and pay)

Dates: Monday, June 6 through Thursday, June 30 at the RTHS track

Times: 5:30pm to 7:00 pm Mondays-Thursdays; athletes should wear running shoes, shorts, and a t-shirt for practice

Coaches: Dale Bergeson--Head Boys Track and Field Coach, Alison Vrana--Head Girls Track and Field Coach, several assistant coaches, and high school athletes

Skills: Athletes will have the opportunity to try all track and field events that interest them, as well as learn and practice fundamental skills related to proper warm-ups, core and leg strengthening, jumping and throwing, block starts, and relay exchanges. Optional track meet Saturday, June 18. It is \$40 to participate in our home meet; however, if your family provides a worker for the meet, you will be reimbursed the \$40. There are additional track meets available as well (there is an additional cost for additional meets)

How do I sign up?: Sign-ups will be Wednesday, June 1st from 5:30-7:00pm and Thursday, June 2nd from 5:30-7:00pm at the RTHS Track building. \$50 per athlete; a copy of a birth certificate is required. Cost covers USATF membership, insurance, and club souvenir. There is an option to rent a uniform. If you choose to rent a uniform, there is a \$30 uniform rental fee--the fee will be returned when the uniform is returned at the end of the season. Sign-up forms will be available; however, they are available on the website ahead of time as well. www.rochelleareatrackclub.org.

To sign up by mail: Mail the form (found online), a copy of the athlete's birth certificate, \$50 club fee, \$40 refundable track meet worker fee to:

Rochelle Area Track Club
% Alison Vrana
212 Drake Ave.
Rochelle, Illinois 61068

For any questions contact Alison Vrana (avrana@rthsd212.org)



USATF Membership Application and Waiver

Rochelle Area Track Club (for athletes, coaches and volunteers)

Renew New

Last Name First Name M/F Birth Date (attach birth cert.) Age Membership

Primary Parent/Guardian Information		Secondary Parent / Guardian Information	
Last Name:	First Name:	Last Name:	First Name:
Address Street:		Address Street:	
Address City, State, Zip		Address City, State, Zip	
Phone #1	Phone #2	Phone #1	Phone #2

Doctor and Health Information	Emergency Contact (if parent isn't reachable)
Doctor Phone:	Emergency Contact:
Allergies:	Emergency Contact Phone #
Medication or health concerns:	

I know that competing and volunteering to work in club events are potentially hazardous activities. I know I should not enter or participate in club events or volunteer to assist with club activities unless I am medically able and properly prepared. I agree to abide by any decision of a club or race official relative to my ability to safely complete any event or to assist at any club activity. I assume all risks being associated with competing or volunteering to work in club events and activities including, but not limited to falls, collisions, physical contact with other competitors or spectators, the effects of the weather. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself, my heirs, and anyone acting on behalf, waive and release USATF Illinois, Rochelle Area Track Club And all officials, volunteers and all sponsors their representative and successors from all claims or liabilities of any kind arising out of my participation in these club competitions or activities, even though that liability may arise out of negligence or carelessness on the part of the persons or organizations named in this waiver. I also grant permission to all of the foregoing to use any photographs, motion pictures, video or sound recordings, or any other record of the events or activities of the Rochelle Area Track Club, including those involving me, for any legitimate purpose. Further, I grant permission for emergency medical treatment for myself and/or for any minors for whom I am authorized to act by competent medical personnel. I also agree to abide by the applicable USATF Bylaws, Operating Regulations and Competition Rules for my level(s).

As legal parent/guardian of the child/athlete listed above, I agree to the above waiver and certify the information is complete and correct. Parent or guardian signature is required for participants under the age of 18.

Signature of Parent/Guardian _____ Date: _____

Membership Category Codes: Please Circle the codes below – you may indicate one or more categories.

AT: Athlete PA: Parent DA: Disabled Athlete OF: Official CH: Coach OA: Official – Association FN: Fan

\$50.00	Youth Membership (18yrs&under, 1 year membership)
\$60.00	Adult Membership(19yrs&over, 1 year membership)
\$30.00	Uniform Rental Fee (will be refunded when uniform is returned)
\$40.00	One Adult worker fee for RochelleTrack Meet perfamily (will be refunded with one adult helping)

Total Amount Due: _____ Make Checks Payable to RATC