

Indoor Pole Vaulting!



Naydenov's Gymnastics

All skill levels welcome!

Call for Directions:
360-944-4444

Monday through Friday 8-10pm
Now through Summer 2010

Coach Louis Baucom
503-201-8411 star-vault@earthlink.net

Must register at USATF: <https://www.usatf.org/membership/application/>

Parents must sign waiver and release form (if under 18).

Submit **\$300.00** cash or check payable to **Star-Vault** (not Naydenov's Gymnastics).
Send to: Po Box 820263, Vancouver, WA 98682 (or bring to practice).

Name

Phone

Address

State, Zip

E-mail

USATF Membership Number

Star-Vault



Star-Vault

Star-Vault

Star-vault@earthlink.net



Star-Vault

*Louis Baucom 503-201-8411
Po Box 820263, Vancouver, WA 98682*

Waiver and Release

I understand that Track and Field Events including the Pole Vault have inherent hazards that through my involvement as a participant may result in injury and or death. I voluntarily accept and understand these risks as a part of training at an organized practice at Star-Vault with a registered coach. I will make my own examination of the facilities and point out any concerns to a club coach. If I deem these facilities in any way inadequate I reserve the right to not participate in any specific training activity. I agree to abide by the specific safety recommendations of the coach concerning equipment selection and any training instruction received.

I hereby on behalf of all heirs, executors, and administrators, waive and release any and all rights and claims for damage I may have against Louis Baucom, and/or Star-Vault, for any and all injuries to me at any premises or training facility where Star-Vault coaches are present.

In the event of a medical emergency at a Star-Vault practice, I am providing the following contact information and understand that all will be contacted in a reasonable time frame concerning any emergency.

Emergency Contact #1

Relationship

Phone

Emergency Contact #2

Relationship

Phone

By signing below, I am providing consent for emergency treatment up to and including transportation, and ambulance services to a suitable medical facility in the event of an emergency. My preferred medical facility and physician to notify is optionally listed below and will be used if possible.

Health plan provider:

ID Number:

Group No.

Preferred Medical Facility:

Address:

Phone:

Athlete: _____ Parent sign and date: _____



USATF Membership Application

New Member Renewal (from previous year - USATF Number _____)

Please print or type information

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip Code _____

Sex M/F Age Today Date of Birth -- (MM-DD-YYYY - i.e.: 02-19-1958)

USA Citizen Yes No If no, country of Citizenship _____

Phone Number --

Club No. Club Name _____

Email _____

(Your membership # will be emailed to you. Your email address will not be shared with anyone.)

Please check all appropriate sports codes here:

- Track Field Road Running/LDR Cross Country Ultra-Marathon Mountain/Trail Race Walking

Membership Category Codes

Please use the codes below - you may indicate one or more categories.

AT: Athlete

PA: Parent

DA: Disabled Athlete

OF: Official -uncertified

CH: Coach-uncertified

OA: Official - Association

CD: Developmental certified

ON: Official - National

C1: Coach - Level 1 certified

OM: Official - Master

C2: Coach - Level 2 certified

AD: Administrator

C3: Coach - Level 3 certified

By signature below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaws, Operating Regulations, and Competition Rules for my level(s) and category(ies) of membership.

Signature (if an athlete is under age 18, parent or guardian must sign)

Date of Application

-- (MM-DD-YYYY)

Important information: Memberships are on a calendar year basis, and expire on December 31. However, if you join between November 1 and December 31 of the current year, the membership will be valid for the following year as well. **Youth members:** New or lapsed memberships must submit a copy of birth certificate or other ID.

Check here if you do not wish your address used as part of a direct mail list.

OPTION 1



JOIN ONLINE AT www.usatf.org/membership

You will receive your new Membership # - Instantly!!

Have your previous membership # and password ready as they will be needed for the renewal process

OPTION 2

MAIL TO YOUR LOCAL ASSOCIATION



Mail the completed application and appropriate membership fees to your local Association.

Mailing addresses can be found at www.usatf.org/associations

Adult Membership (19 yrs & over) \$ _____
\$ 30.00 (1-year) \$ 80.00 (3-years)
\$ 55.00 (2-years) \$ 100.00 (4-years)

Youth Membership (18 yrs & under)
\$ 20.00 x _____ = \$ _____
of membership years

CONTRIBUTIONS (TAX DEDUCTIBLE) \$ _____

- Please direct my contribution to LDR Youth
 Masters T & F RW Association Programs
 Unrestricted

TOTAL \$ _____

Please make checks payable to USATF.