



**[www.kangarootrackclub.org](http://www.kangarootrackclub.org)**

**Kangaroo/Teneo Camps & Training Programs Registration Form  
(High, Long, and Triple Jump)**

Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Personal Best (HJ/LJ/TJ): \_\_\_\_\_

Are you a Kangaroo Athletics / Teneo USATF Member? YES - NO

Note: KTC / Teneo Members get 5% OFF and priority on lessons, camps, and Teneo gear (including track shoes).  
Also 5% OFF if you have bought Teneo track and field shoes THIS YEAR.

Kangaroo Athletics LLC / Teneo USATF Membership # \_\_\_\_\_

Address

Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Tel. # \_\_\_\_\_

Work Tel: # \_\_\_\_\_

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

**Waiver:** I know of no mental or physical problems which may affect me or my child's ability to safely participate at the camp. Coaching staff is authorized to attend to any health problem or injury to me or my child while attending camp. Neither I nor my child will hold Kangaroo Track Club liable for any injuries or expenses while me or my child are at the camp. I hereby authorize my child's participation in the Kangaroo Track Club Camp (Kangaroo Athletics). I, THE PARENT/GUARDIAN of the club member authorize Kangaroo Track Club (Kangaroo Athletics / Teneo) to post in their websites information about my son/daughter that is intended to promote the Kangaroo TC / Teneo, their camps or the athlete. Also to give my contact information to colleges and universities coaches so they can contact me.  
Parent/Legal Guardian:

Participant signature \_\_\_\_\_

Parent signature \_\_\_\_\_ (if participant is under 18 years old)

**Please circle and/or date the camp that you or your child will be attending (including state, session and group), thank you.**

2010 - 2011 - 2012 - 2013 - 2014 - 2015 - 2016 - 2017 - 2018

Pre season Winter Training Program: \_\_\_\_\_

Winter High Jump Camp Date: \_\_\_\_\_

Winter Long and Triple Jump Date: \_\_\_\_\_

In - season Technique program: \_\_\_\_\_

Summer High Jump Camp. Date: \_\_\_\_\_

Summer Long and Triple Jump Camp. Date: \_\_\_\_\_

If you haven't register through PayPal (faster way to lock a spot), please make check payable to Kangaroo Athletics, and mail it with the registration form to:

PO Box 5367  
Katy, TX 77491-5367

**Athlete code of conduct:**

I will stress safety in everything I do. This includes not jumping until the coach is watching, no distracting other jumpers in the jumping area.

I will never insult, belittle, degrade, slander, nor express any negative feelings, either verbally or non-verbally, towards another club member or about another club member including coaches.

I will show respect to all meet officials.

I will respect the rights and beliefs of others and will treat others with courtesy and consideration.

I agree to compete fairly and by the rules.

I will respect the property of others.

I will be fully responsible for my actions and the consequences of my actions

I will treat my body properly by getting proper rest, nutrition, and abstaining from use of drugs and alcohol, not abusing medicines and dietary supplements. I will make myself aware of any banned supplements and medicines.

I understand that giving attitude to the coach or person in charge is a sign of disrespect and it will be brought to my attention (the athlete) only **ones** by the coach or person in charge. If the problem continues I (the athlete) will be excused without refund of any kind from the camp, training session or the team.

Athlete signature: \_\_\_\_\_

Parent signature \_\_\_\_\_

**Parents Contact Information**

Fathers Name: \_\_\_\_\_

Mothers name: \_\_\_\_\_

Primary Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Other emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**PARENT/ GUARDIAN AGREEMENT**

I, THE PARENT/GUARDIAN of the club member, a minor, agree that I and my son/daughter will abide by the rules of Kangaroo Athletics / Teneo. Recognizing the possibility of physical injury or death associated with sports and in consideration for the Kangaroo Athletics / Teneo accepting the registrant for its sports programs and activities, I hereby release and discharge Kangaroo Athletics LLC and Teneo, their board members, coaches, volunteers and associated personnel, and the owners of fields and facilities utilized, against any claim by or on behalf of the club member as a result of the club member's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

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

**CONSENT FOR MEDICAL TREATMENT**

As the parent or legal guardian of a participant in the Club (Kangaroo Athletics LLC) and its programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Legal Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

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