



<http://www.wingsofmoon.com>

**Mail payment to:**

Wings of Moon  
 c/o Mary Ellen Tesla  
 203 Hayeswold Dr.  
 Moon Township, PA 15108

**2017 FEE STRUCTURE**

		USATF MEMBERSHIP	CLUB MEMBERSHIP*	TOTAL
<b>Club Membership</b>	1 <sup>st</sup> Child	\$20.00	\$ 20.00	\$40.00
	2 <sup>nd</sup> Child	\$20.00	\$ 15.00	\$35.00
	3 <sup>rd</sup> Child	\$20.00	\$ 10.00	\$30.00
	4 <sup>th</sup> Child	\$20.00	\$ 5.00	\$25.00

**\*Club membership does NOT include entry fees to developmental cross country meets and the Three Rivers Association Junior Olympic Championship. Competing in meets is optional.**

**\*If an athlete already has their USATF membership for the current year, this fee will be deducted from the cost of membership.**

**\*Submit a valid copy of athlete's birth certificate with this application. An original copy of the athlete's birth certificate can also be scanned and e-mailed to [wingsofmoon@gmail.com](mailto:wingsofmoon@gmail.com).**

**\*Make check payable to Wings of Moon Track Club**

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REMITTANCE	
Date	
Amount Due	
Amount Enclosed	



## 2017 REGISTRATION FORM

USATF Age Divisions	
8 and under	2009 & after
9-10	2007-2008
11-12	2005-2006
13-14	2003-2004
15-16	2001-2002
17-18	1999-2000

ATTACH (1) COPY OF YOUR CHILD(REN)'S BIRTH CERTIFICATE (New Athletes Only).

<b>ATHLETE'S INFORMATION</b> <i>(Please write legibly)</i>											
<b>1</b>	First/Middle/Last Name ( ) M ( ) F			<b>2</b>	First/Middle/Last Name ( ) M ( ) F			<b>3</b>	First/Middle/Last Name ( ) M ( ) F		
	Shirt Size: Youth S M L XL or Adult S M L XL				Shirt Size: Youth S M L XL or Adult S M L XL				Shirt Size: Youth S M L XL or Adult S M L XL		
Street Address:				Street Address:				Street Address:			
City:			County:			City:			County:		
State:		Zip Code:		State:		Zip Code:		State:		Zip Code:	
Birthday: / /		Age on 12/31/17: USATF Age Division:		Birthday: / /		Age on 12/31/17: USATF Age Division:		Birthday: / /		Age on 12/31/17: USATF Age Division:	
Current School Attending:			Grade:			Current School Attending:			Grade:		
<b>Select Membership</b>				<b>Select Membership</b>				<b>Select Membership</b>			
Club Membership ( ) \$40.00		W/ USATF W/out USATF ( ) \$20.00		Club Membership ( ) \$35.00		W/ USATF W/out USATF ( ) \$15.00		Club Membership ( ) \$30.00		W/ USATF W/out USATF ( ) \$10.00	
2017 USATF membership number				2017 USATF membership number				2017 USATF membership number			

<b>PARENT/GUARDIAN INFORMATION</b> I grant permission to print my phone numbers in the Team Directory? ( ) Yes ( ) No			
Mother's Name:		Home Phone: ( ) ( )	Cell Phone: ( ) ( )
Father's Name:		Home Phone: ( ) ( )	Cell Phone: ( ) ( )
With whom does the athlete currently reside? ( ) Both Parents ( ) Mother ( ) Father ( ) Other, Specify:			

<b>EMERGENCY CONTACT</b>		
Name:	Relationship to athlete:	Contact Number: ( ) ( )

**MEDICAL AUTHORIZATION**

In case of an emergency or accident during practices and/or track meets or during any activity involving my child, \_\_\_\_\_, which in the opinion of track authorities present requires immediate medical or surgical attention, I hereby grant permission to said track authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise.

My child, \_\_\_\_\_, currently has the following medical condition, handicap, or injury that Wings of Moon coaches should be made aware of :

\_\_\_\_\_

Care for the above medical condition, handicap or injury involves the following course of treatment:

\_\_\_\_\_

Name of medical insurance company: \_\_\_\_\_

Insurance group policy number: \_\_\_\_\_

Physician's name and number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**LIABILITY**

In consideration of being permitted to participate in any way in the Wings of Moon Track Club, I \_\_\_\_\_(athlete's name) intend to be legally bound for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter occur to me against the USA Track and Field (USATF), the Three Rivers Association, Moon Area School District, Robert Morris University and the Wings of Moon Track Club or their officers, agents, representatives, successors and/or assigns for any and all damages which may be sustained or suffered by me in connection with or entry in, or arising out of my traveling to, participating in and returning from said competition or practices.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**PARENTAL RELEASE FOR INTERVIEWING, PHOTOGRAPHING, AND VIDEO-RECORDING OF ATHLETE(S).**

The Wings of Moon Track Club or someone properly authorized by the team, on occasion may photograph, interview, and/or videotape your athlete(s). Doing so is solely for inclusion in Wings of Moon publications, promotional materials, advertisements, presentations, programs and Internet sites. Your athlete(s) name may also be used in conjunction with or by any medium, including print, electronic, radio, and television.

By signing this Release, I grant permission to the Wings of Moon Track Club, or anyone properly authorized by Wings of Moon to interview, photograph, audio-record and/or videotape my athlete during track activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date