



Emrey Track & Field Association

2737 Nazareth Road
Easton, PA 18045-2748
www.EmreyTrack.org

Team Sportsmanship • Conduct Agreement Form

Fill out both sides, return no later than the second meet you or your child attends.

I, (Print Full Name) _____, as an Athlete, Parent, Guardian, Coach, am aware that the Emrey Track and Field Association Inc. (ETFA) and all others will conduct this program with the highest regard for my child's/children's sense of fair play, safety, and enjoyment. I also acknowledge that I am responsible for and agree to the following:

- Transportation to and from these meets.
- I am aware of and will adhere to ETFA and USATF Rules of Competition, both written and implied by the aforementioned sense of fair play and safety.
- Positively supporting myself or my child/children during these meets, conducting myself in a manner that is worthy of my leadership position as an athlete, parent, guardian, or coach, including and not limited to the following:
- Encouraging good sportsmanship by demonstrating positive support for all athletes, parents, guardians, coaches, and officials at all times.
- I will only enter the field of play to assist with officiating as per ETFA, USATF rules and guidelines, ask questions of an official or to submit a written appeal in the spirit of good sportsmanship, safety, and fair play, citing the USATF rule that has been misapplied or misinterpreted. If I need to coach, I will call the athlete off the field of play and will do so without interfering with the fair conduct of the competition. Dishonoring official's decisions by withdrawing athletes from competition in protest will withdraw those athletes for the season.
- I understand and accept the judgments of officials are without appeal.
- Refraining from foul or abusive language or gestures at all times. This is unacceptable behavior and will result in a yellow card warning. Any second yellow card violation will be considered unsportsmanlike conduct and that person will be asked to leave the venue.
- Refraining from foul or abusive language or gestures directed toward someone - any one. This is unsportsmanlike conduct and will result in a red card violation and that person will be asked to leave the venue. Any asked to leave the venue will be barred from the next meet.
- Refrain from any form of tobacco, alcohol, or drug use on or near the field of play.
- Remembering that these meets are for the athletes - the children.
- Reporting before an event starts or getting my athletes there before it starts.
- Assisting, temporarily, if asked. Contributing, as needed, to the betterment of the program.
- Otherwise staying in the stands, off the field of play. Staying at the meets throughout or entrusting that responsibility to a guardian or coach.

Failure to abide by the above in a systematic, repeated, or patterned way may result in more severe penalties to supervisors or children entrusted to your care.

The good behavior and positive attitude of all of us is critical and imperative to the success of this recreation program for you and your child. By the same token, we as administrators of the program will expect the same of ourselves.

Signature of ETFA Chairman of Leadership Group: _____

Signature of Athlete/Parent/Guardian/Coach: _____

Please complete reverse side and return to the ETFA at the address above or submit in person at a meet.



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Individual Health Form

All information must be completed for each Team Member prior to participation in second meet.

Name: _____ SS# (if appropriate): _____
Date of Birth: _____ Age (as of June 1): _____ (Please attach copy of Birth Certificate to form)
Mother's Name: _____ Father's Name: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Mother's Phone: _____ Mother's Work Phone: _____
Father's Phone: _____ Father's Work Phone: _____

Emergency Contact Information:

Contact Name: _____ Relationship to Athlete: _____
Phone Number where they may be contacted **during** competitions: _____

Athlete Medical Information:

List any medication or food or environmental allergies: _____

List any medication(s) being taken. Please include dosage and reason for medication: _____

List any orthopedic injuries within the past year and describe the nature and severity of the injury. Please give date of injury, with side (left/right side of body), and a brief explanation: _____

Physician Information:

Family Physician: _____ Phone: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Date of last physical examination (**must be within the last year**): _____

Insurance Information:

Health Insurance Company: _____ Group & Individual Policy Numbers: _____
Insurance Company Address: _____
City: _____ State: _____ ZIP: _____
Name of Policy Holder: _____ Policy Holder's SS#: _____

Liability Agreement:

I understand that I am financially responsible for any medical bills, damages incurred by me or my child/children while involved in the McClanahan Youth/All Comers Summer Track and Field Meet Series. In case of any accident or emergency, I grant permission for me or my child/children to be given reasonable first aid or emergency treatment by the appropriate medical personnel. In consideration of the use of premises, facilities, or equipment owned or operated by others and/or in consideration of permitting me or my child/children to participate in the listed activity, on behalf of myself; my heirs, executors, administrators, successors or assignees, and acknowledging I have nor my child/children has/have no existing health problems precluding my/their safe participation in Easton Police Athletic League/Easton, Bethlehem, Monroe County, Phillipsburg Recreation/Emrey Track and Field Association programs, I hereby release and forever discharge these groups and all others, its/their agents, servants, and employees of and from any and all manner of claims and demands, on account of personal injury, including death, which I may have against them by reason of or arising out of participation in the above listed activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Open/Masters Athlete: _____ Date: _____

Event Fee Schedule: \$1 per Person/per Event/per Meet \$10 per Person for Entire Season \$25 per Family per Season

Make checks payable to: **Emrey Track & Field Association**