

LANGLEY MUSTANGS TRACK & FIELD

SUMMER GAMES/LEGIONS REGISTRATION 2010

Head Coach and Director- Doug Vicic

Once athletes progress through final years of the Junior Development ages (13+) and into older age groups they need a more advanced training program and environment to achieve their goals. This involves more intense technical coaching as well as aerobic and strength training with the end goal of achieving excellence in chosen events. The Athletic Development Model identifies “training how to compete” as the key elements to be built upon in this age group as well as learning to set goals and the training disciplines necessary to reach those goals

<p>LEGION SUMMER GAMES</p> <p>Select training group of the most competitive 13-17 year old athletes</p>	<p>1. Selection to BC Summer Games Team</p> <p>2. Selection to BC Legion Team</p>	<p><input type="checkbox"/> Jan to July</p> <p><input type="checkbox"/> 3-4x/wk</p> <p><input type="checkbox"/> Use of track, pool, school gymnasiums</p> <p><input type="checkbox"/> May travel to 1-2 preseason meets</p>	<p>Head Coach:</p> <p><input type="checkbox"/> Doug Vicic</p> <p>Coaches:</p> <p><input type="checkbox"/> Dave Hetherington</p> <p><input type="checkbox"/> Kevin Harrison</p> <p><input type="checkbox"/> John Leavitt</p>
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To qualify for this level, athletes will need agreement from the coaching Team. It is a privilege to be a part of this team. Therefore, as a member of this team you will abide by the certain rules and regulations this will help us build a better team together. **Good athletes make for good performances, Good people make good teams, and good teams win championships.** Any athlete failing to commit and follow the guidelines stated below will automatically be suspended from all team functions and privileges.

The following standards for Legion / Summer Games are as follows: Age 13 – 17

- Has competed in High School and BC Athletics Meets (some exceptions can be made)
- Committed to the goal of training for high performance
- Commit to attend all practice times except when cleared previously with Coach
- Attend key meets as determined by coaches including provincial
- Follow individually programmed training regimen laid out by the coaches
- Participate in all fundraising and promotional events.
- MUST conduct yourself with the utmost professionalism, integrity and understand that you are a mentor for the younger athletes.
- MUST adhere to the B.C. athletics code of conduct. There will be zero tolerance for drugs, alcohol or any substance abuse. This is grounds for immediate dismissal from this program.

It is also expected that parents of Legion / Summer Games training group athletes will

- Commit to the practice and meet schedule as developed by the Head Coach
- Be involved with ALL promotional and fundraising activities
- Volunteer at all Langley Mustangs sponsored meets. It is also expected for parents to be

- Assist where able, additional duties that may arise to help make this training group successful (i.e. phoning, carpooling to meets and training sessions outside of Langley, organizational duties)

"Fundraising: each athlete is expected to contribute a minimum of \$50 through fundraising activities organized by the Mustangs coaching and executive. Monies raised will go towards the purchase and maintenance of equipment."

Application Form

DECLARATION: (Must be signed by parent or guardian)

I have read the information on membership and agree with the terms as set down.
I would like my child to become a member of the Langley Mustangs LEGION / SUMMER GAMES training Group

Signed _____ Date _____

Event Specific Information

Please list the events you have the intention to compete in this season plus your corresponding PB

Event	Personal Best Performance

Athlete's Last Name _____ First Name _____

Address _____ Postal Code _____

Home Telephone _____ Cell Telephone _____

Parent's email _____ Athlete's email _____

Members Date of Birth (YY/MM/DD) _____ M/F ____ Grade ____

School Attending _____ BC Athletics # _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Emergency Contact _____ Phone _____

Care Card Number _____

Family Physician _____ Phone _____

Please note any health problem, physical handicap, emotional difficulty, behaviour problem, or other factors that may limit full participation in the Langley Mustangs.

List any medications, prescription or over-the-counter, taken on a regular basis. Note dosages and medication scheduling.

In case of an emergency, I hereby give permission to the physician selected by the coaches/officials of the Langley Mustangs to provide the necessary treatment for my child.

The responsibility of Sport Safety must be shared by all. I the undersigned am aware there is certain risk of injury involved in my own or my child's participation in sport, either while travelling to or from the event, or while attending or participating in the programs or activities of the events which are sanctioned/approved by the Langley Mustangs Track & Field Club. It is understood that the signing of this document is intended to indicate that on behalf of myself and/or my child, I assume the shared responsibility and acknowledge the risk or injury by so participating.

Parent/Guardian Signature _____ Date _____

Registration and Information: please return to Doug Vicic doug.vicic@rbc.com

Completed and signed club membership form, the Athlete Code of Conduct Guidelines and BC Athletics Application form, Langley Mustangs Track and Field Athlete Contract.

Cheque payable to the Langley Mustangs to cover club coaching fee, and BC Athletics fee

\$100 Fund Raising Volunteer Cheque (to be returned after fund raising and volunteer commitment is fulfilled)

Membership Cancellation Policy:

If you wish to cancel your membership in Langley Mustangs Track and Field Club within the first 2 weeks of membership a full refund will be granted. The BC Athletics membership is non-refundable.

BC Athletics membership is mandatory for Club Membership

Athlete Code of Conduct Guidelines

Athletes should remember they are representing themselves, their parents and their Club. As goodwill ambassadors you will be asked to act with integrity, dignity and within the spirit of good sportsmanship at all times both in and out of competition. Swearing, foul language, coarse joking will not be tolerated.

Athletes must show respect for their team members, other team members, officials and their decisions, coaches, club executive, volunteers, spectators, etc.

Although track and field is an individual sport, the concept of providing leadership in the "CLUB" is important (i.e. watching other Club members compete and encouraging them). Older, more experienced athletes are expected to provide role models for younger members.

No tobacco, alcohol or illegal drug substance may be brought into or consumed during any club activities, training, or meets. Athletes shall report all injuries sustained in training or in competition to coaching staff.

Under no circumstances will a Mustang athlete use an illegal Performance Enhancing drug. Not only is the use of such substances cheating, but doing so could lead to serious health problems or death. .

IT IS UNDERSTOOD THAT AN ATHLETE MAY BE BANNED OR SUSPENDED FROM THE CLUB AND FUTURE COMPETITIONS IF APPROPRIATE CONDUCT IS NOT FOLLOWED.
I confirm that I have read, understand and agree to abide by this Code of Conduct.

Signature (athlete)

Date

Parent /Guardian

Date



**Legion / Summer Games Athlete Goals
To be completed by athlete for their interview with
Doug Vicic**

Name:

Track and Field Events / Personal Bests

What other Sports do you participate in?

What are your strengths?

What would you say are your weaknesses?

Short Term Goals (January 2010– March 2010)

Competitive season goals (April 2010 – August 2010)

Long term Goals (2011 and Beyond)

What are your expectations for the Langley Mustang Legion / Summer Games Program this year?

What have you done to prepare yourself for the upcoming season (Summer training, competitions, strategic rehab, sport Psych., nutritional focus)

Please come up with an inspirational saying!!

2010 BC ATHLETICS MEMBERSHIP APPLICATION

120 - 3820 Cessna Dr., Richmond BC V7B 0A2 • Ph:(604) 333-3550 Fax:(604) 333-3551 • bcathletics@bcathletics.org • www.bcathletics.org



MEMBERSHIP TYPES & AFFILIATIONS

Indicate each membership type applied for. Membership details on reverse.

ATHLETE	<input type="checkbox"/> Junior Development	<input type="checkbox"/> Midget 15	<input type="checkbox"/> Youth	<input type="checkbox"/> Junior
<input type="checkbox"/> Senior (SEN)	<input type="checkbox"/> Adult Recreation Runner (ARR)	<input type="checkbox"/> Master 35-39		
<input type="checkbox"/> Master 40+	<input type="checkbox"/> BC Games (BCG) - see reverse			
NON-ATHLETE	<input type="checkbox"/> Associate (A)	<input type="checkbox"/> Coach (COA)	<input type="checkbox"/> Official (OFF)	
NON-COMPETITIVE - see reverse for instructions				
<input type="checkbox"/> Training (T)	<input type="checkbox"/> Track Rascal (TR)	<input type="checkbox"/> Friends of BC Athletics (F)		

MEMBERSHIP PROCESS

Affiliated club members must sign up with BC Athletics through their club registrar.

Unattached members send in completed form with fees to BC Athletics. Faxed applications with payment by credit card will be accepted. Incomplete forms will be returned.

Upon acceptance as a member of BC Athletics and Athletics Canada, the applicant agrees to abide by the bylaws, rules and policies of BC Athletics and Athletics Canada as approved by the membership.

Club Executive enter if applicable:	<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Registrar
<input type="checkbox"/> Treasurer	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Officials Coord.	<input type="checkbox"/> JD Coord.
<input type="checkbox"/> Director			
<input type="checkbox"/> Event Registration Coord.			

BC Athletics Representation
<input type="checkbox"/> BCA Committee: _____
<input type="checkbox"/> BCA Board of Directors

Application Date: _____

Month Day Year

New BCA Member or Renewing BCA Member - ____ - ____ - ____
previous BCA #

Athlete with a Disability Aboriginal

Birthdate: _____ Male
Month Day Year Female

Surname ↑ Given Name Middle Initial

Street Address ↑

City ↑ Province Postal Code

(_____) Res.Ph: _____ Res Fax: _____
Area Code

Bus.Ph: _____ Bus. Fax: _____

e-mail: _____

Country of Birth Citizenship - Date Landed Immigrant Status
granted if applicable

Applicant Occupation (optional) Employer (Optional)

Coach: _____

BC Athletics Club: _____

"U" if Unattached

EVENT PARTICIPATION CATEGORIES

<input type="checkbox"/> JUNIOR DEVELOPMENT 9 - 12 years				
Please identify event area participation for Athletes 13 years and older:				
Sprints	Distance	Jumps	Throws	Walks
<input type="checkbox"/> 100m	<input type="checkbox"/> 800m	<input type="checkbox"/> LJ	<input type="checkbox"/> SP	<input type="checkbox"/> 1500m
<input type="checkbox"/> 200m	<input type="checkbox"/> 1500m	<input type="checkbox"/> TJ	<input type="checkbox"/> DT	<input type="checkbox"/> 5K
<input type="checkbox"/> 400m	<input type="checkbox"/> 3000m	<input type="checkbox"/> HJ	<input type="checkbox"/> HT	<input type="checkbox"/> 10K
Hurdles		<input type="checkbox"/> 5000m	<input type="checkbox"/> PV	<input type="checkbox"/> JT
<input type="checkbox"/> 80m H	<input type="checkbox"/> 3000m	<input type="checkbox"/> 20K		
<input type="checkbox"/> 100m H	<input type="checkbox"/> 10000m	<input type="checkbox"/> 50K		
Combined Events				
<input type="checkbox"/> 110m H	<input type="checkbox"/> S/C	<input type="checkbox"/> Pentathlon	<input type="checkbox"/> Heptathlon	
<input type="checkbox"/> 200m H	<input type="checkbox"/> Octathlon		<input type="checkbox"/> Decathlon	
<input type="checkbox"/> 300m H				
<input type="checkbox"/> 400m H	<input type="checkbox"/> Cross Country			

ROAD RUNNING	<input type="checkbox"/> 5K	<input type="checkbox"/> 8K	<input type="checkbox"/> 10K	<input type="checkbox"/> 1/2 Mar	<input type="checkbox"/> Mar	<input type="checkbox"/> Ultra
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COACHING CERTIFICATION

Please indicate highest level completed in each component:
Theory: ____ Technical: ____ Practical: ____ CC#: _____

Event Area Specialty _____

Status: Full time Paid Part Time Paid Part Time Volunteer

Nbr. of athletes: Male: ____ Female: ____ Age range: _____

OFFICIALS CERTIFICATION

Enter Discipline Codes (See Reverse) and grade

Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PAYMENT INFORMATION

Membership Fee (listed on reverse) \$ _____

VISA MC AMEX

Cash Cheque - payable to BC Athletics

Card number ↑

Expiry Date ↑ Amount ↑

Cardholder Signature

BC Amateur Athletics Association Sport Safety / Acknowledgement of Risk

(this statement is part of the application for membership)

The responsibility for sport safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport, either while travelling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/ approved by BC Athletics, its Divisions, its Member Clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating.

BC Athletics Privacy Policy

By completing this membership application form, signing and joining BC Athletics you consent to the collection of this information and its use as per the BC Athletics Privacy Statement and Policy - see Identifying Purposes - Appendix II of the Policy available at www.bcathletics.org. For more information or to limit the release of information contact the BC Athletics Privacy Officer, Sam Collier at sam.collier@bcathletics.org

Applicant signature - ALL applicants must sign

Parent / Guardian signature - For applicants 19 and younger

Club Registrar signature - if not signed affiliation will show Unattached