



Team Impact Illinois Track Club Application

ATHLETE: Last _____ First _____

Birth Date ___/___/___ Injuries _____

School _____ Class _____ Mobile Phone _____ Shirt Size XS / S / M / L / XL

PARENT: Parent(s) _____ Email _____

Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Event	PR	Event	PR	Event	PR	Event	PR
100H		100M		4X100M		Long Jump	
300H		200M		4X200M		High Jump	
		400M		4X400M		Triple Jump	
		800M		4X800M		Field Events	
Other Events:				Other Events:			

We will practice at **Wauconda High School** twice per week, and the training center once per week.

Wauconda High School 555 N Main Wauconda., / **Deep Impact Training Center** 25761 Hillview Court., Mundelein

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Evening	Track	DIPT	Off/ Recovery	Track	Relays

Evening sessions are our primary format from 6:00-8:00pm. DIPT Training will be scheduled in Mundelein.

Listed below are the dates of our meets. If you have any plans, restrictions or vacations on a date please note below:

Meets	AAU Northern Outdoor Nationals 6/3-6/4 * GTD Meet	AAU Central District Qualifier 6/10-6/11 * GTD Meet	Jane Dickens Invite 6/17 * GTD Meet	AAU Region 13 Qualifier 6/28-7/1 Qualifiers from AAU District Meet 6/10	DuPage Track Invite 7/15 * GTD Meet	AAU Junior Olympic Games 7/31-8/5 Qualifiers from AAU Region 13 Meet 6/30
Location	Illinois Wesleyan U. Bloomington, IL	Benedictine U. Lisle, IL <i>*Top 16 Advance</i>	Proviso East Maywood, IL	Benedictine U. Lisle, IL <i>*Top 6 Advance</i>	Addison, IL	Drake Univeristy Des Moines, IA
Available	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Reason if No						

Tryout Waiver and Release

I _____ the parent or legal guardian do give the afore named athlete, the legal consent to train and undergo a trial workout and assessment to verify qualifications for Team Impact Illinois Track Club. I also hereby acknowledge that the athlete is a minor and has no known physical ailments detrimental to this type of physical activity, and that the athlete has cleared all medical tests by a physician. I hereby hold harmless Team Impact Illinois Track and Field Club, and its officials, any liabilities in lieu of accident or injury.

Parent Signature _____ Date ___/___/___