



**2012 MEMBERSHIP FORM**  
**PEARL GATE TRACK & FIELD CLUB**  
 P.O. Box 612, Mount Pearl, NL • A1N 2X1 • 709-748-1012 •  
 contact@pgtfc.com

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

M.C.P. #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

How many years have you been a member of PGTFC? \_\_\_\_\_ What year did you first join PGTFC? \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

**PLEASE indicate any medical conditions:** (Use Separate Sheet if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL RELEASE:**

I \_\_\_\_\_ hereby give permission for my son /daughter,  
 \_\_\_\_\_ to receive first aid care by a certified coach on site.

In the event of my absence, I \_\_\_\_\_ hereby give permission for my  
 son/daughter, \_\_\_\_\_ to receive medical attention by a certified physician at a medical  
 institution.

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Amount paid: \_\_\_\_\_ Date registered: \_\_\_\_\_

Competition Category:	Male _____	Female _____	
	Pre-bantam _____	Bantam _____	Midget _____
	Juvenile _____	Junior _____	Senior _____

**Pearlgate Club Membership fee is \$120.00 per calendar year (Jan. to Dec.), and Includes Pearlgate Club Membership Fee, Twilight Series and Mount Pearl Sport Alliance Tickets. Anyone who has not registered with the NLAA, should complete an NLAA Membership form plus Registration Fee.**





**PARENT/GAURDIAN AGREEMENT**

**As a Parent/Guardian of a Athlete, I promise to:**

- Not force my child to participate in sports
- Remember that my child plays sport for his or her enjoyment, not for mine;
- Inform the coach of any disability or ailment that may affect the safety of my child or the safety of others
- Never ridicule or yell at my child for making a mistake or losing a competition
- Teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of his/her performance
- Be a positive role model for my child and encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event
- Stress the importance of a lifetime of health, including habits of fitness and good nutrition ahead of any personal desire I may have for my child to win
- Stress the importance of academics first and foremost in the overall development experience, understanding that sports participation is a privilege available to support, not excuse classroom obligations
- Respect the officials and their authority during meets and will never question, discuss or confront coaches or officials in front of the athletes and will take time to speak with coaches or officials at an agreed upon time and place
- Leave coaching to coaches, ensuring not to publicly criticize coaches, strategies
- Respect the sport, the rules, other athletes and their parents

**To be signed by Parent/Guardian**

I acknowledge that I have read and understand the terms of this agreement. I understand my expectations and responsibilities as a parent/guardian of my child while at meets and competitions of any level while representing Pearlgate Track and Field Club.

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

