

USA Roller Sports

2009 Fall Banked Track Clinic - Brian Piccolo Park, Broward County, FL
November 13th-15th, 2009

Clinic Application

Name: _____ Age on first day of clinic: _____

Mailing Address: _____ Male Female (circle one)

City: _____ State: _____ Zip Code: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Email: _____ USA Roller Sports membership card #: _____ Club ID #: _____

T-shirt size: ____ small ____ medium ____ large ____ extra large

Clinic Fee: \$95 if received by October 16, 2009 (includes a banked track clinic t-shirt)
\$120 if received after October 16, 2009 (does not include a t-shirt)

On-site registrations are accepted. Please note: The fee for on-site registrations is \$120 and does not include a t-shirt.

Payment Method: ____ Check ____ Money Order ____ Credit Card **DO NOT SEND CASH**

CREDIT CARD PAYMENT INFORMATION

____ MasterCard ____ Visa ____ Discover ____ American Express Exp. Date: _____

Name as it appears on card: _____ Card # _____ CCV# _____

By my signature below, I agree to abide by the rules of USA Roller Sports, Brian Piccolo Park and the United States Olympic Committee. I understand the Banked Track Clinic represents a serious training opportunity and I will conduct myself accordingly both during and outside of scheduled practice times. I also acknowledge that participation in the Banked Track Clinic is a privilege, not a right, and I am aware that inappropriate conduct may result in forfeiture of this privilege and dismissal from the clinic.

Skater's Signature: _____ Date: _____

Parent of Guardian if Minor Age: _____ Date: _____

The USA Roller Sports Banked Track Clinic is a serious training commitment on the part of the skater. It requires participants be in top physical condition and above-average skating ability. Skaters lacking in either of these two areas risk injuring themselves or others. The coach's signature is required as an assurance that the applicant is of sound skating ability and conditioning and that he/she will be able to satisfactorily complete the requirements of this clinic.

Coach's Signature: _____ Date: _____

Coach's Name: _____ Phone: (____) _____

All payments, applications, conduct and consent forms MUST be received at USA Roller Sports National Headquarters by the deadline. Mail or fax forms to:
USA Roller Sports
PO Box 6579, Lincoln, NE 68506
Fax 402-483-1465

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Athletes who attend one of the 2009 Banked Track Clinics and pass USA Roller Sports qualifying times and additional requirements may register to compete at the 2010 National Banked Track Championships.

CLINIC INFORMATION

Eligibility: All skaters must be members of USA Roller Sports. Eighty (80) spots are available in this clinic. All skaters must be six (6) years or older on the first day of the clinic.

Location: Brian Piccolo Park Facilities
9501 Sheridan Street
Cooper City, FL 33024
954-437-2626

Entry Fee: The entry fee is \$95 per participant if you register by the October 16, 2009 deadline; \$120 after October 16, 2009. This does not include a \$1 per day park fee (Saturday and Sunday ONLY). Entry forms will not be processed if payment does not accompany the form. Mail or fax entry forms and fees to:
USA Roller Sports
PO Box 6579
Lincoln, NE 68506-0579 (fax: 402-483-1465)
E-mailed entry forms will not be accepted.

Form of Payment: Money orders, checks or credit cards (Visa, MasterCard, American Express or Discover) will be accepted. If sending entry form by fax, credit card information on this form needs to be complete. **DO NOT SEND CASH.**

Responsibility: All skaters are responsible for transportation to, from and within Cooper City, Florida as well as for their lodging, meals and all miscellaneous expenses during the clinics. Please make transportation arrangements prior to your arrival. Skaters are required to bring their own in-line skates, helmet, and related skating equipment (such as knee and elbow pads). Uniforms/Skinsuits are highly recommended. All helmets must meet USA Roller Sports standards and have the appropriate certification sticker intact.

Accommodations: Skaters are responsible for securing their own accommodations. Available properties which support USA Roller Sports include the following:



- 1) **LaQuinta Inn & Suites** (3.2 miles from Cooper City), Ft. Lauderdale Plantation, 8101 Peters Road, Plantation, FL 33324, 954-476-6047 (USARS CODE – USAROL)
- 2) **Baymont Inn & Suites** (5.92 miles from Cooper City), 13651 N.W. 2nd Street, Sunrise, FL 33325, 954-846-1200 (USARS CODE – USAROL)
- 3) **LaQuinta Inn & Suites** (7.08 miles from Cooper City), Ft. Lauderdale Airport, 2620 North 26th Avenue, Hollywood, FL 33020, 954-922-2295 (USARS CODE – USAROL)



You can click on the **LaQuinta Logo** on www.usarollersports.org and it will take you to a booking page for **LaQuinta Inn & Suites** and/or **Baymont Inn & Suites**.

If you should need a rental car while attending the clinic, please consider using The Official Rent-A-Car Company of USA Roller Sports – **Enterprise Rent-A-Car (USARS Code – NA62W04)**

Schedule: **Registration and orientation is Friday from 7:30 am – 9 am at Brian Piccolo Park. Bring your skates and helmet to orientation and registration as skating will begin at 9 am on Friday morning.** Skating sessions are planned for Friday, Saturday and Sunday. There will be skating sessions on the banked track and on the road. If you prefer different wheels for the different surfaces, please plan accordingly. Detailed schedules will be distributed at orientation.

Deadline: Entry forms and fees must be received by the deadline date in order to receive a BTC T-shirt. **(October 16, 2009).**

**BRIAN PICCOLO PARK VELODROME
Ft. Lauderdale, Florida**

CONDUCT FORM

I consent to abide by the below-described rules of conduct for guests of Brian Piccolo Park and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or International Olympic Committee -banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered being offensive under federal, state or local laws, or a violation of the United States Olympic Committee or USA Roller Sports policies and procedures.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.)
 - c. Willful destruction of any smoke detector or tampering or interfering in any way with the fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from Brian Piccolo Park.

X _____ Date signed: _____
Participant's Signature

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of USA ROLLER SPORTS at Brian Piccolo Park.

X _____ Date signed: _____
Parent/Guardian Signature

Parent/Guardian Name (Please Print) Relationship: _____

**BRIAN PICCOLO PARK VELODROME
Ft. Lauderdale, Florida**

CONSENT FORM

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS. BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ IT.

PARTICIPANT'S NAME: _____
(Please print)

SIGNATURE: _____
(Parent's signature if participant is a minor)

SPONSORING ORGANIZATION: USA ROLLER SPORTS

MEDICAL RELEASE

I hereby give my consent for the USA Roller Sports to provide athletic trainer services and other medical care and treatment and emergency medical services associated with my participation in the program conducted at Brian Piccolo Park under the auspices of USA Roller Sports.

If the program in which I am participating in includes psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at Brian Piccolo Park.

DRUG USE AND BLOOD DOPING

I understand that drug testing may be conducted for athletes registered at the Brian Piccolo Park, and that detection of use of banned drugs would make me subject to suspension by my sport's National Governing Body, USA Roller Sports, and the United States Olympic Committee for at least 6 (six) months.

By registering at Brian Piccolo Park, I am subject to a drug test, if selected, and its penalties, if declared positive for a banned substance, provided that I am given 24 (twenty four) hours advance notice before I am required to provide a specimen. If selected, I am aware that failure to comply with the drug test will be cause for the same penalties as for those who are positive for a banned substance.

I know that I may contact the United States Olympic Committee Drug Hotline (1-800-233-0393) before or after my Brian Piccolo Park stay.

I further understand that the practice of blood doping is banned by the United States Olympic Committee and the International Olympic Committee and that to do so would make me subject to punitive action within existing policies.



SKATE PARK RELEASE AND WAIVER OF LIABILITY

NOTICE: This form is a Release and Waiver of Liability, Assumption of the Risk, Indemnity, and Parental Consent Agreement pursuant to Section 316.0085, Florida Statutes, which provides a limitation of liability for governmental entities with respect to persons who participate in skateboarding, in-line skating, and freestyle bicycling on government property. When signed, this form is a contract with legal consequences. Please read it carefully before signing.

TO BROWARD COUNTY: In consideration of the opportunity afforded to me and/or my child/ward named herein to participate in activities conducted at the Skate Park, I, the undersigned, on behalf of myself and/or my child/ward named herein, do freely agree to and make the following contractual representations and agreements.

I expressly acknowledge and realize the inherent risks and dangers associated with the activities conducted in the Skate Park and the possibility of serious physical and/or mental trauma or injury or death that may result from participation in such activities, which include, but are not limited to, skateboarding, in-line skating, and freestyle bicycling. I knowingly, freely, and voluntarily agree to assume any dangers, risks, and social and economic losses associated with such participation. This includes risks and dangers caused by my own actions or inaction; dangers of collision with spectators, other participants, and fixed or moving objects; dangers arising from surface hazards, equipment failure, inadequate safety equipment, and weather conditions.

I do hereby agree to **release, waive, discharge, and covenant not to sue Broward County**, its officers, agents, employees, and volunteers (all for the purposes herein referred to as "Releasees") from any and all liability or claims that may be sustained by me, my child/ward, my heirs, executors, administrators, legal representatives, assigns, and successors (hereinafter referred to collectively as "Successors") for any and all damages, social and economic losses, and any rights or claims that may be sustained by me directly or indirectly in connection with, or arising out of, my and/or my child/ward's participation in the activity, **whether caused in whole or in part by the negligence of the Releasees.**

I agree for myself and Successors that the above representations are contractually binding and are not mere recitals, and that should I or my Successors assert my claim in contravention of this Agreement, I or my Successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudicated liable on such claim for gross negligence. This contract cannot be amended orally.

I, the undersigned, on behalf of myself and/or my child/ward named herein, have read this contract, fully understand its terms, and understand that I, on behalf of myself and/or my child/ward, have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Date _____ Age of Participant _____

Name (please print) _____ Address _____

City, State, Zip _____ Phone _____

Who to Notify in Case of Emergency _____ Phone _____

Signature of Participant _____

PARENT/GUARDIAN OF A MINOR: I, a parent/guardian of the above-named minor, understand the nature of the activities conducted in the Skate Park and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby give my permission for my child/ward to participate in the activity and further agree, individually and on behalf of my child/ward, to be bound by the terms of the above Agreement. By signing this waiver you agree to the rules listed on the reverse side of this form.

Signature of Parent/Guardian of Minor _____

Name (please print) _____ Date _____

Address _____

City, State, Zip _____ Phone _____

Employee's Name (please print) _____
Employee's Signature _____

Name
Last
First