

June-July 2021

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Topeka, KS

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Tecumseh, KS

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Topeka, KS

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Rossville, KS

Dear Parents, Guardians, and Throwers:

The 2021 Summer Outdoor Throws Season begins June 1<sup>st</sup> for all 7<sup>th</sup>-12<sup>th</sup> grade athletes from 7-9:30p held at Shawnee Heights High School in Tecumseh, KS. Throwers should arrive 15 min early. **PRACTICE WILL BEGIN ON TIME!** There will be a parent meeting that evening to discuss the upcoming summer track schedule and what to expect. Posted information will be located on our website at nektrack.com.

The Registration forms for the Summer Outdoor Throws Season is attached. Please pay special attention to the forms as **information has changed!** If you are unable to attend the parent meeting, the completed forms should be mailed to: NEK, 4323 SW Misty Harbor Dr, Topeka, Kansas 66610 prior to the meeting otherwise please bring them with you to the 1<sup>st</sup> practice. **Due to new policies, no Thrower will be permitted to practice until all forms are on file.**

Membership fee for the season is \$100 per thrower (due at the 1<sup>st</sup> practice).

NEK will be using the app “Team Snap” to communicate with Throwers and Parents this season. Upon receipt of the completed forms, you will receive, by email, an invitation to join Team Snap. Please accept this email and follow the instructions within the email. **THIS WILL BE THE ONLY WAY TO ENSURE YOU RECEIVE ALL TEAM INFORMATION THIS SEASON!**

Throwers may, from time-to-time, have a friend or younger sibling attend practice with them. Please be aware that they will not be permitted to practice with the Thrower and siblings and should remain in the stands at all times.

We are looking forward to seeing all the athletes excel again this season!

Cordially,

NEK Board

**NEK**  
Throws Club  
4323 SW Misty Harbor Dr  
Topeka, Kansas 66610

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## NEK Throws Club

Tel 4323 SW Misty nektrack.com  
785-845-0762 Harbor Dr, Topeka, nekstrong16@gmail.com  
KS 66610



## Outdoor Membership Application

**Thrower Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female; Grade Level: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ email: \_\_\_\_\_

Cell number: \_\_\_\_\_ Cell provider: \_\_\_\_\_

**Parent or Legal Guardian's Information:**

Name: \_\_\_\_\_ email: \_\_\_\_\_

Cell number: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

**CLUB MEMBERSHIP WAIVER:** In consideration of acceptance of this entry, for myself, my heirs, executors, administrators, and assigns, I waive any and all rights and claims for damages I may have against any of the sponsors, coordinating groups and individuals associated with any race or field event, their representatives, successors, and assigns, and will hold them harmless from any and all injuries suffered in connection with said event. Also, none of the above are responsible for the loss or personal items, nor any other form of aggravation, in connection with said event. I have been advised that I must be in good health to participate in these races. I give permission for the free use of my name and picture in broadcast, telecast or printed media accounts of the season in filling out this form. I acknowledge by my signature below, that I have read and fully understood my own liability and do accept restrictions contained herein.

Signature of Parent or Legal Guardian: \_\_\_\_\_

**The following items must be completed and submitted to the mailing address above or email to nekstrong16@gmail.com or brought to practice for your Thrower to be enrolled.**

1. membership application;
2. membership fee\*;
3. media waiver;
4. Current permission to treat form (with copy of insurance card);
5. a copy of the athlete's birth certificate if it is not already on file.

**NEK Uniforms are available once membership paperwork is submitted. Please see a board member for info on sizes. Cost is \$45 - Paid \_\_\_\_\_ Received \_\_\_\_\_**

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## PERMISSION TO TREAT FORM

I hereby give permission for any and all medical attention necessary to be administered to my child \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the NEK Throws Club personnel, until such time as I may be contacted. I assume all financial responsibilities for any expenses incurred.

My Name: \_\_\_\_\_

My Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

I understand and accept that the risk of injury is possible while participating in athletic activities. I authorize the coaches and staff of NEK Throws Club to act according to their best judgment in any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with NEK Throws Club or the facilities used for all medical expenses incurred as a result of participation in NEK Throws Club activities or programs. I have attached a copy of my child's current insurance card as proof of insurance.

Signature (Parent/Guardian)

\_\_\_\_\_ Date \_\_\_\_\_

### NEK Throws Club

Tel 785-845-0762 4323 SW Misty Harbor Dr, Topeka, KS 66610 [nektrack.com](http://nektrack.com) [nekstrong16@gmail.com](mailto:nekstrong16@gmail.com)



## Media and Social Media Release form

In consideration of the engagement of the minor named below, and for other good and valuable consideration that I acknowledge as having received, I hereby grant the following rights and permissions to the NEK Board, any representative of the Board, their legal representatives, and assigns, those for whom Board is acting, and those acting with their authority and permission. They have the absolute right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or a fictitious name, or reproductions of such photographs in color or otherwise, made through any medium chosen by the Board now or hereafter known, including the internet, Facebook, Twitter, Instagram, any NEK website, Team Snap, for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction with such photographs. I specifically consent to the digital compositing or distortion of the portraits or pictures, including without restriction, any changes, or alterations as to color, size, shape, perspective, context, foreground or background. I waive any right that I or the minor may have to inspect or approve any finished product or products or the advertising copy or printed matter that may be used in connection with such photographs or the use to which it may be applied. I release, discharge, and agree to hold harmless and defend Board Member, Board approved Photographer, their legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any reason in connection with the making and use of such photographs, including blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing, thereof, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor, and that I have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

\_\_\_\_\_, **YES**, I hereby give my permission as explained in detail above for the Board to use my minor child's photograph in any of the manners stated above.

\_\_\_\_\_, **NO** I do not consent to the use of my minor child's photograph by the Board. I further understand that for any group or team photographs my child will be excused and not allowed to participate.

Parent or Guardian's printed name \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Thrower's printed name \_\_\_\_\_

Date \_\_\_\_\_

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