



## Registration Packet

Welcome to the Central Florida Gliders Track & Field and Cross Country running program. The information in this registration booklet is to give you some insight as to how the program operates and the involvement of the athlete, parents and coaching staff. [www.CFGLiders.com](http://www.CFGLiders.com)

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### PURPOSE:

The purpose of the Central Florida Gliders is to motivate the athlete to aspire to achieve leadership, discipline and integrity through the sport of track and field and cross country running.

### CLUB STATUS:

The Central Florida Gliders is a self-governing, self-supporting organization certified in the state of Florida as a non-profit corporation and exempt from Federal Income Tax. Since the club is a 501(3)(c) charitable organization, all donations are tax deductible.

### CLUB FUNCTION:

This organization is open to both male and female of all ages. The program is designed to meet the needs of all participants regardless of their performance level. The individual who makes the attempt is as much a part of the group as he or she who may attain the highest level of achievement. No one rides the bench!

### TRAINING PROGRAM:

Practice sessions are conducted by the coaching staff at various locations. All athletes are required to attend their scheduled training activities.

### COMPETITION SCHEDULE:

The schedule includes local, state and national competition.

### REGISTRATION INFORMATION:

The following registration form must be completed by a parent or guardian of each athlete and returned to the President or Coach. Please include two copies of the athlete's birth certificate if you are registering for the first time.

Corporate Address:

931 State Road 434, Suite 1201-319  
Altamonte Springs, FL 32714  
[www.CFGLiders.com](http://www.CFGLiders.com)

### REGISTRATION FEES:

A registration fee of \$50.00 per season is required for each athlete. For families with more than two athletes, a registration fee is required for the first two family members. The registration renewal fee for high school students is \$15. The club uniform is required for those athletes who plan to compete.

The Central Florida Gliders organization is registered with both Junior Olympic groups (USATF and AAU). Individual athlete memberships are required for athletes to participate in AAU and USATF competitions.

\$50.00	Club Registration
\$12.00	AAU Card
\$19.95	USA/TF Card
\$45.00/\$55.00	Uniform

All payments must be forwarded to the Executive Director or coach. Please make checks payable to the CF Gliders and indicate the athlete and what the payment is for.

In addition to our fees, many of the competitions charge entry and admission fees. Other expenses may include travel and lodging. The Gliders host a number of fund-raising events and conduct many efforts to raise funds; however, the proceeds from these activities fall short in meeting the needs of all of the athletes in the club.

### BOARD OF DIRECTORS:

Please contact us with any questions regarding the Central Florida Gliders.

Executive Director	Craig Wise	407-682-1368
President	Open	
Vice President	Tim Jackson	407-260-2228
Treasurer	Luis Pereira	407-788-2658
Secretary	Gene Truchelut	407-695-7686
Exec. Appointee	Roland Williams	410-620-5613
Business Manager	Jim Podschun	407-339-0585

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# CENTRAL FLORIDA GLIDERS REGISTRATION FORM

## ATHLETE:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

School Attending: \_\_\_\_\_

Phone: \_\_\_\_\_ Athlete's Signature: \_\_\_\_\_

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**PARENT OR GUARDIAN:**

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

**E-Mail\*** (where Glider's announcements should be sent): \_\_\_\_\_

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**HEALTH INSURANCE COVERAGE:**

Policy Holder's Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Company: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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**EMERGENCY CONTACT:**

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

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

Phone: first contact - \_\_\_\_\_ second contact - \_\_\_\_\_

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**RELEASE:**

I acknowledge that this athlete has been examined by a physician within one (1) year to compete in athletic activities. I do hereby give my consent for the above athlete to participate in the Central Florida Gliders Track & Field and/or Cross Country Running Program. I will waive and release any and all claims I may have against the Central Florida Gliders, Inc., their coaches, their agents or their representatives for any and all injuries sustained in this program. I authorize the coach of the Central Florida Gliders to make any decisions concerning the health, welfare and safety including medical treatment for this athlete during my absence.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# ACADEMIC SUPPLEMENT

Athlete's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Number of years as a member of the Central Florida Gliders: \_\_\_\_\_

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Do you plan to attend college?	Yes	No	Undecided
Do you plan to run track in college?	Yes	No	Undecided
Do you plan to run cross country in college?	Yes	No	Undecided
Do you plan to participate in other sports in college?	Yes	No	Undecided

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What grade are you currently in? \_\_\_\_\_

Grade School Attending: \_\_\_\_\_

Middle School Attending: \_\_\_\_\_

High School Attending: \_\_\_\_\_

Grade Point Average - GPA: \_\_\_\_\_ SAT Score: Math: \_\_\_\_\_ Verbal: \_\_\_\_\_ ACT Score: \_\_\_\_\_

Did you make the Honor Roll: (please list name of school and the year)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please list any notable Academic and Extra Curricular Achievements including the year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**NEW GLIDERS** - Please fill out the following information:

Have you competed in track & field before? Yes No

If yes, how many years? \_\_\_\_\_

Events I like: \_\_\_\_\_

Events I am good at: \_\_\_\_\_

Event:	Best/Mark:	Approx. Date/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

