



### *Statement of Purpose*

The Sonics Youth Track Club is an [AAU-affiliated](#) track and field organization serving Houston area youth between the ages of 6 and 18. The mission of the program is to develop young athletes' physical and mental abilities while also fostering self-esteem and pride. The Sonics Youth Track program provides opportunities for youth to define and reach tangible goals, instills respect for authority, and develops values that translate into responsible citizens for our community. Although instilling the desire to win is a central program objective, the organization more importantly strives to teach teamwork and good sportsmanship within a closely supervised athletic program. Through a dedicated team of parents and volunteers, the organization takes a vested interest in each child's growth and maturity. The ultimate goal is to have each child mature into a strong confident individual who has internalized the value that the "will to win is important, but the will to prepare is vital." Our focus is, therefore, the development of the entire child, not merely his/her athletic abilities.

### *Organizational Philosophy*

The Sonics Youth Track Club's daily operations are organized around a very structured youth development philosophy. It is the belief of the organization that a closely supervised youth development program, if implemented properly, can instill values and beliefs that will be vitally important as these young individuals approach adulthood. Accordingly, the program seeks to enroll youth at a very early age with the intent of teaching them lifelong values and behaviors.

Although accepting youth of any age, the program makes concerted efforts to solicit the participation of athletes under the age of 10. This has been the philosophy of the program since its inception. As a result, many of our youth that enrolled at this early age have now matured into responsible young adults who not only know the meaning of competitiveness, but also have a wholesome respect for teamwork and preparation. Additionally, these young adults have developed a strong sense of community as evidenced by their willingness to "give back" each year during the Annual Sonics Relays.

To instill these values and beliefs, the organization spends a great deal of time teaching the young athlete the proper way to compete. This not only includes the proper techniques for running and competing in the field events, but also how to respect their teammates, how to respect other competitors, and most importantly how to respect themselves.

Also as an integral part of our youth development philosophy is a mentoring relationship between our older youth and our younger athletes. The older youth are expected, as members of the team, to exhibit proper behavior for the younger athletes. They are also expected to help the younger athletes prepare for events and to support them when they compete, whether they win or lose. In this sense, our older athletes are taught that they are role models for our younger athletes and they must act accordingly; while our younger athletes are taught that the older youth are individuals that they should emulate. This has resulted in a very close-knit family type atmosphere among our athletes that exhibits itself as a genuine caring attitude among all. Additionally, it has resulted in a very respectful group of young athletes that constantly receive compliments on their behavior and their competitive spirit.

### *Organizational History*

The Sonics Youth Track Club began operation in the spring of 1993 with an organizational membership of approximately 25 youth. The track program was located at a single location on the south side of Houston and competed in both USA Track and Field and AAU sanctioned meets. Since that time, the program has shown consistent signs of growth and maturity. In the spring of 2010 the Sonics Track Club had an organizational membership of approximately 100 athletes and practice sites on the north, the south, and the west sides of Houston.

Not only has the program exhibited signs of membership growth, the Sonics Track Club has also increased the competitive level of its athletes. In the first year of competition, the Sonics program qualified only six athletes for the national championship meet and failed to produce a single medal in any event. Since that time, the club has won over twenty-five national championships and produced over 220 medals at the national championship meet alone.

## **Contact Us**

For more information about the Sonics Youth Track Club, please contact:

**Camille Jackson**, (713) 446-8424

**Kenneth Jackson**, (281) 788-7346

Or both at (281) 370-4652. Email: [jackson.k.c@sbcglobal.net](mailto:jackson.k.c@sbcglobal.net)

### **SONIC web site:**

[www.houstonsonics.com](http://www.houstonsonics.com)

**If we have inclement weather please call the Sonic Hotline at 281/ 494- 4199 for cancelations of practice.**

Hello Sonic Parents,

My name is Alisha McAfee (Tollerson), I am collecting registrations and money for the 2012 track season. If you have any questions please do not hesitate to contact me at [a\\_tollerson@yahoo.com](mailto:a_tollerson@yahoo.com) or 713-732-4362. I will be sending out emails periodically.

In addition to registration forms, the following paperwork is needed:

- **bring a copy of your child's birth certificate**
- **and a headshot picture** of your child to attach to paperwork

**All registration fees are due before your child can participate in a track meet.**

Thank you, Alisha



# Sonic Track Team 2012 Fees:

Registration fees for 2012 track season:

## One child

Registration	65.00
Regional	25.00
Sonic meet concession-	<u>25.00 per family</u>
<b>Total =</b>	<b>\$115.00</b>

## Three or more children or middle/high schoolers who run track with school

Registration	45.00
Sonic Meet concession	25.00 per family
Regional	<u>25.00</u>
<b>Total =</b>	<b>\$95.00</b>

## Optional Fees

Uniform	\$50.00
The Sonic Track Club warm up suits	\$ 65.00 YS-YL \$ 75.00 AS-AXL
Sonics Youth Track Club T-shirts	\$15.00 YS-AL \$20.00 XL-XXXL (members and parents)
Sonics Hat	\$25.00
Sonic Bags	\$20.00

Please contact Alisha if you would like to start making payment plans for 2012 season at 713-732-4362 or by email a tollerson@yahoo.com.

Make checks or money order payable to: Sonic Youth Track Club



## Customer Letter



### Step One:

Read through this letter to understand the advantage of being a part of the Kroger Neighbor to Neighbor Donation Program.

### Step Two:

Take the letter with you to your neighborhood Kroger store the next time you go shopping.

### Step Three:

Present the letter with your organization's barcode to your cashier upon checkout. After they have scanned your KrogerPlus Card you will be enrolled for the current year of the Kroger Neighbor to Neighbor Donation Program. Every time you shop at Kroger and use your enrolled KrogerPlus Card, Kroger will contribute a percentage of your eligible purchases to the Kroger Neighbor to Neighbor Donation fund. Once a card is scanned with the barcode, it will be active for the remainder of the program year.

### Q & A

**How many Kroger Neighbor to Neighbor accounts can an organization have?**

One per organization.

**Can a household "link" their KrogerPlus Card to more than one organization at a time?**

No, the system allows for one organization per household. To change organizations, you must present your KrogerPlus Card and the new organization's barcode to the cashier.

**Do I have to enroll each program year?**

Yes, all organization's and participants must re-enroll for each program year. Enrollment is June 1, 2010 through Dec 31, 2010 The Neighbor to Neighbor Program accumulation is July 1, 2010 through April 30, 2011.

**How much can my organization earn?**

The Kroger Neighbor to Neighbor Donation Program will donate \$1 million annually. Each organization will earn a percentage of the \$1 million equal to the percentage of total earned contributions attributable to that organization.

**Kroger Cashier: 1. Scan customer's KrogerPlus Card 2. Scan the attached Organization's barcode.**

The customer's KrogerPlus Card is now enrolled in the Kroger Neighbor to Neighbor Donation Program & contributing funds to their organization. When you scan the barcode, the description on the receipt will say "Loyalty Div 0.00". This means the barcode was properly scanned. The following Friday, the customer's receipt will display a message at the bottom of the receipt saying "Your card is contributing to Neighbor to Neighbor #12345"

SONIC YOUTH TRACK TEAM CLUB



Please feel free to contact a Kroger Neighbor to Neighbor Donation Program Representative with any additional questions at 866-995-7643 or email to [neighbortoneighbor@kroger.com](mailto:neighbortoneighbor@kroger.com). Additional information is also available at [www.krogerneighbortoneighbor.com](http://www.krogerneighbortoneighbor.com).

# SONICS YOUTH TRACK CLUB

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## Registration Form

Please Print

Applicant's Name: \_\_\_\_\_  
(Last) (First) (MI)

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

Phone Number: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Mother's Name & Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name & Occupation: \_\_\_\_\_

E-mail Address (if different than above): \_\_\_\_\_

Applicant's E-mail Address (if different than above): \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_

**I Certify:**

- A. I am the Parent or Guardian of the above named applicant;
- B. The above information is true in all respects;
- C. I acknowledge the reserved rights of the Sonics Youth Track Club;
- D. I understand that the Sonics Youth Track Club does not provide Medical Coverage.

\_\_\_\_\_  
(Parent/Guardian Signature)

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**DO NOT WRITE BELOW THIS LINE**

I have examined the above Applicant's Birth Certificate and found it to be consistent with the above date of birth.

Registrar's Name: \_\_\_\_\_

Certified Age Group/Division: \_\_\_\_\_

Date of Age Group Certification: \_\_\_\_\_

# SONICS YOUTH TRACK CLUB

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## Medical History

Please Print

**Applicant's Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Date of Birth:** \_\_\_\_\_

**Has the applicant ever been hospitalized?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, Why?** \_\_\_\_\_

**Is the applicant Allergic to any Medications?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, What?** \_\_\_\_\_

**Is the applicant currently using any Medications?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, What?** \_\_\_\_\_

**Date of last Tetanus Shot:** \_\_\_\_\_

**Has the applicant or any member of the applicant's family suffered from or is presently suffering from any of the following (CHECK ALL BOXES THAT APPLY):**

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Mental Health                      |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Excessive Bleeding Problems        |
| <input type="checkbox"/> Chronic Headaches    | <input type="checkbox"/> Hypertension / High Blood Pressure |
| <input type="checkbox"/> Concussions          | <input type="checkbox"/> HIV                                |
| <input type="checkbox"/> Heat Stroke          | <input type="checkbox"/> Herpes                             |
| <input type="checkbox"/> Fainting Spells      | <input type="checkbox"/> Hepatitis / Liver Disease          |
| <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Sickle Cell Disease                |
| <input type="checkbox"/> Heart Murmurs        | <input type="checkbox"/> Hemophilia                         |
| <input type="checkbox"/> Stroke               | <input type="checkbox"/> Cystic Fibrosis                    |
| <input type="checkbox"/> Kidney Disease / UTI | <input type="checkbox"/> Muscular Dystrophy                 |
| <input type="checkbox"/> Skin Problems        | <input type="checkbox"/> Down Syndrome                      |
| <input type="checkbox"/> Neuralgic / Epilepsy | <input type="checkbox"/> Varicosity / Phlebitis             |
| <input type="checkbox"/> Autoimmune Disorder  | <input type="checkbox"/> Neural Tube Defect (Spina Bifida)  |

# SONICS YOUTH TRACK CLUB

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## Parent's Permission Form

Please Print

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to participate in the Sonics Youth Track Club's spring/summer Track Program. I further release the coaching staff and Sonics Youth Track Club from any responsibility for bodily injury my child may receive while participating in the program. I understand that I am responsible for any medical fees accrued by my child as a result of medical attention. I also grant permission to the Sonics Youth Track Club's president, or his/her designee, to complete all membership forms and registration materials required by the United States Track and Field Association and the Amateur Athletic Union for participation in local and national meets.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# SONICS YOUTH TRACK CLUB

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## Release Form

Please Print

**Applicant's Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Franchise:** SONIC YOUTH TRACK CLUB

State of Texas County of \_\_\_\_\_

Known all men by these presents that a request has been made to the SONICS YOUTH TRACK CLUB, its agents, booster club and/or its designees (1) to provide youth activities for the youth (whether one or more) of the undersigned parent or guardian; (2) to transport by automobile and/or vehicle said youth to various locations; and (3) to seek and obtain medical assistance on behalf of the youth in the event coach and staff, its booster club and/or its designees determine the need of same. In consideration of the granting of such requests, I, the undersigned, as legal parent or guardian of the above listed youth do hereby release and forever discharge any and all claims, demands, liability, legal action or cause of action on account of mishap to the above listed youth which may occur as a result of furnishing youth activities, transportation and/or seeking medical assistance on behalf of said youth.

In case of emergency, please try to contact my family doctor first at:

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Phone Number

If he/she is unavailable, the doctor on call at any hospital has my permission to treat my child. In case of emergency, I can be reached at:

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date