

# TAOS COMPOSITE

HIGH SCHOOL MTB TEAM



## PROGRAM FEES 2024

### **REQUIRED FEES:**

**TAOS COMPOSITE TEAM FEES** (includes Team jersey and all coaching for the season) **\$250\***

**COLORADO LEAGUE FEES** (annual membership) Paid directly to Colorado League **\$170\***

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**TRAVEL FEES** (includes coaching, travel, food, transportation, camping per race) **\$100** per race

These fees are **waived** for high school riders as long as we get the sponsors we need!

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**COLORADO LEAGUE RACE ENTRY FEES** (race entry fees per race) Paid directly to Colorado League

**\$75** per race

OR

**\$260 for all 4 races** (available through August 21<sup>st</sup>; does not include State Championships)

Scholarships to cover race entry fees are available directly through Colorado League – see “Student-Athlete Scholarship” applications at [www.coloradomt.org](http://www.coloradomt.org) (application due by August 15<sup>th</sup>)

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\* Minimum required fees for all riders (let us know if you need scholarship assistance)

***Scholarships are available! Scholarships are available! Scholarships are available!***

**We are actively seeking funding to cover both travel costs and race entry costs for our team.**

**These funds greatly reduce or eliminate travel costs for athletes!**

**Let us know if you would like to help in the process of finding sponsors.**

# TAOS COMPOSITE

## HIGH SCHOOL MTB TEAM



### 2024 REGISTRATION

#### ATHLETE INFO:

ATHLETE NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
ATHLETE'S CELL PHONE: \_\_\_\_\_ ATHLETE'S EMAIL\*: \_\_\_\_\_

#### PARENT INFO:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL*: _____	EMAIL*: _____

#### RIDER SURVEY

Please describe your mountain bike experience: \_\_\_\_\_  
Any mountain bike race experience? YES NO  
If YES, what is your current race division? \_\_\_\_\_

What is your commitment level to being on the team? LOW AVERAGE HIGH

Do you need to borrow a mountain bike? YES NO Helmet? YES NO

\*Team communication will take place via Team App (also sent via email) so it is critical that both parents and athletes download this app. We need current email addresses and phone numbers for parents and athletes to set this up and maintain communication. We will send all parents and athletes details for joining Team App before the season begins.

You must complete and return the **registration form, medical release, athletic participation agreement packet, concussion agreement, and liability form** prior to your athlete attending practice or events. No one may participate in team activities until all forms, and agreements are completed and current fees are paid.

**Please contact us if you need scholarship assistance. We do not want to deny participation to any student due to lack of resources but may need time and help in obtaining scholarship funds**

# TAOS COMPOSITE

## HIGH SCHOOL MTB TEAM



### 2024 REGISTRATION

#### 2024 Taos Composite High School Mountain Bike Team Medical Release

Athlete's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

Parent's Phone: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

#### Insurance Coverage

Company: \_\_\_\_\_ Member #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Medical History

Allergies

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

Current Medications

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

Other Medical Information

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

**Athlete Medical Release** Parent hereby authorizes Field Institute of Taos and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. The coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless Field Institute of Taos and its coaches from any and all costs arising out of such care, treatment and/or procedure.

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

# TAOS COMPOSITE

## HIGH SCHOOL MTB TEAM



### 2024 REGISTRATION

#### TAOS COMPOSITE HIGH SCHOOL MOUNTAIN BIKE TEAM ATHLETE CODE OF CONDUCT

I recognize that participating in the Taos Composite High School Mountain Bike Team is a privilege which requires a high standard of responsibility and personal conduct. I therefore agree to:

1. Act as a positive role model, both on & off the bike.
2. Read and follow all **Colorado League Student-Athlete Rules in the current Colorado League Rulebook** ([www.coloradomt.org](http://www.coloradomt.org)).
3. Remember that I represent my team, school, community, & the sport of mountain biking & must therefore demonstrate responsibility & self-discipline.
4. Contribute to team morale & to a high level of both athletic performance & sportsmanship.
5. Remain physically, sexually & verbally nonviolent.
6. Fighting, hazing, trash-talking, obscene language, or sexual harassment will not be tolerated.
7. Maintain a healthy lifestyle free of drugs, alcohol, tobacco, & performance-enhancing drugs.
8. *I will not attend practices and/or events or ride in vehicles with others if I have any symptoms of illness.*
9. Respect the rules of the sport & the officials who apply them.
10. Treat opponents & rivals with respect.
11. Respect coaches and teammates.
12. Be responsible for all issued equipment.
13. Commit to following all Team Rules.
14. Show up, both mentally & physically.

I understand that failure to meet requirements, or violation of rules and regulations may result in suspension or termination from athletic participation.

\_\_\_\_\_  
Athlete (signature)

\_\_\_\_\_  
Date

I/we, the parent(s) or guardian of the athlete, have read both the Taos Composite High School Mountain Bike Team Rules and the **Colorado League Student-Athlete Rules** and agree to these terms. We further agree to fully support our athlete in fulfilling these terms.

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

# TAOS COMPOSITE

## HIGH SCHOOL MTB TEAM



### 2024 REGISTRATION

#### TAOS COMPOSITE HIGH SCHOOL MOUNTAIN BIKE TEAM PARENT CODE OF CONDUCT

As parent(s) or guardian of an athlete, I/we acknowledge that competitive mountain biking is a privilege and serves primarily to promote positive personal development. I understand that the desire to win is never to be placed ahead of the academic, social, emotional, physical, and ethical well-being of the athlete. I therefore pledge to:

##### A. Positively support my athlete:

- Provide positive support to my athlete, win or lose.
- Emphasize effort, skill development, teamwork, and love of the sport.
- Be sure my athlete attends practices and workouts.
- Encourage him/her to go the extra yard in conditioning and skills drills.
- Attend all required meetings and attend as many races as possible.
- Actively support my athlete in maintaining all eligibility requirements.
- Actively support my athlete in abiding by both Taos Composite High School Mountain Bike Team Rules and Student-Athlete Rules in the current Colorado League Rulebook.
- Wear a helmet at all times.
- Abide by **Parent Code of Conduct** in the current Colorado League Rulebook including Rule 13.3 Respect Coaches, Riders, and Officials.
- Actively contribute to team morale.
- Actively support my athlete in maintaining a healthy lifestyle free of drugs, alcohol, and tobacco.
- *I will not attend practices and/or events or ride in FIT vehicles if I have any symptoms of illness.*

##### B. Personally model the highest standards of sportsmanship at races:

- **Let the coach do his/her job.**
- **Let the riders ride:** Shouting instructions or criticisms at racers or at others will not be tolerated.
- **Let the officials do their job:** Accept decisions, and never use negative comments.
- **Cheer for the positive:** Support good effort, good teamwork, and good sportsmanship.
- **Respect other competitors** and make no derogatory comments.
- Never resort to catcalls, insults, foul language, threatening or violent behavior.
- Maintain an environment free of alcohol and drugs.

##### C. Resolve issues with coaches, team mates or athletic personnel appropriately:

- Avoid presenting grievances during or immediately after a race or training session.
- Request a meeting with the coach to discuss problems or issues and find resolutions.

I further understand that I/we may be asked to leave the training or race venue and be prohibited from attending future training sessions/races if my/our behavior violates the standards of Taos Composite Mountain Bike Team, Field Institute of Taos, or Colorado League.

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

**COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT & PHOTOGRAPHIC RELEASE**

In exchange for and in consideration of the Field Institute of Taos making its summer programs (hereinafter referred to as the "Programs") available to me and my Child and recognizing that we may decline these services and choose not to participate in the Programs, **THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS** as follows:

I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so **FREELY, FULLY, AND WITHOUT RESERVATION.**

For myself and my Child, I agree and understand that these Programs offer outdoor activities (including hiking, camping, and bicycling) that contain **INHERENT RISKS** and may be **HAZARDOUS ACTIVITIES** and may result in injury or death to my child during his/her participation in the Programs. These risks and hazards include, but are not limited to: physical injury, trauma, emotional injury, death and property damage, falling, equipment failure; interference from other activities in the vicinity; high altitude and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include physical challenges, which, if aggravated by high altitude conditions, may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

**I ASSUME ALL RISKS** in connection with my Child's participation in such Programs and related activities (including all transportation), including, but not limited to, personal injury or death, and **PROMISE NOT TO SUE AND COMPLETELY RELEASE** the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") **FROM ALL LIABILITY** for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs, whether such loss, damage or injury results from negligence or otherwise.

**I AUTHORIZE** FIT to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of FIT, such medical attention is needed. **I AGREE TO PAY** all costs associated with medical care and transportation for my Child and indemnify and hold FIT harmless from any costs incurred therein, or any claims arising therefrom.

**I CONTRACTUALLY AGREE** that any and all disputes between FIT and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION THEREOF** will be in the state or federal courts of the **STATE OF NEW MEXICO.**

I grant FIT **PERMISSION** to use and publish photographs of my Child for FIT promotional purposes.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE AND UNDERSTAND** this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a **LEGALLY BINDING CONTRACT.**

**I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.**

\_\_\_\_\_  
*Minor Child (Print Name)*

\_\_\_\_\_  
*Parent/Guardian (Print Name)*

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**