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|   | SPACE COAST RUNNERSYOUTH RACING TEAM APPLICATION2022-2023 |

# SCR Youth Racing Team Application (*application submission deadline is 5/27/2022)*

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| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | DOB: |  |
| Address: |  |  |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  |  Email:  |  |

**Current SCR Member?** Yes \_\_\_\_ No \_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook Handle: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Singlet Sizing:** \_\_\_\_ Men \_\_\_\_ Women | Sizes: XS \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2XL \_\_\_\_

**Jacket Sizes *(unisex)*:** | XS \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2XL \_\_\_\_

**APPLICATION INFORMATION**

An application committee will be formed to select team members based on the following criteria:

1. Commitment to SCR
2. Application responses
3. Assessment of SCR team and club representation

***I have read and understand the selection criteria:*** \_\_\_\_ Yes \_\_\_\_ No

**TEAM REQUIREMENTS**

1. Have a current membership with the Space Coast Runners
2. Be between ages 8 and 18 (must still be in high school)
3. **Register and run/compete in at least 6 SCR 2022-2023 5K ROY races**. If the race includes a team category, members will register as “SCR Youth Racing Team”.
4. Participate in team fun runs
5. **Volunteer at SCR Youth Series events**
6. Have a parent/guardian at all races or team events
7. Consent to use of image for marketing purposes.
8. Sign a Code of Conduct and Sportsmanship agreement for both child and parent/guardian

**Note: Youth Racing Team members who do not satisfy requirements may be removed from the program**

***I have read, understand and agree to meet or exceed all team expectations:*** \_\_\_\_ Yes \_\_\_\_ No

**QUESTIONS** *Attach answers to application.*

1. Why do you want to participate on the SCR Youth Racing Team?
2. Describe a running related accomplishment, memory or interesting story. (If selected for the team, this will be used for introductions in SCR promotions, social media, etc.)
3. Do you have any questions or concerns about the SCR Youth Racing Team?

**PLEASE SIGN** *By signing below, I certify all information is true and correct.*

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_

**SUBMIT APPLICATION TO:** **RACINGTEAM@SPACECOASTRUNNERS.ORG**