



River City FINISH & FINISH, Inc
P.O. Box 441432
Jacksonville, FL 32244
RiverCityFINISH@gmail.com

FOCUS. INTELLIGENCE. NEVER QUIT. INTENSITY. STRENGTH. HEART.

River City FINISH (RCF) is an AAU track and field club team for ages 7 and up. 2019 will be the team's 4th season. RCF is registered as a non-profit organization under FINISH, Inc. and is always looking for future sponsor, donors, and partners. Our mission is to provide a comprehensive athletic program for all individuals that become members of the FINISH Family. All of the athletes will develop foundational skills and techniques based off of the fundamentals of track and field while promoting positive faith based morals and sportsmanship. The club will challenge all of the athletes apart of #TeamFINISH to accomplish preset goals while upholding and promoting the highest of moral standards through sportsmanship. FINISH will not only strengthen the athletes' physiques, it will offer them a chance to participate and experience events that they may never have competed in before. (i.e. Hurdling, Jumping, Sprinting, Throwing, etc.) The long term goal is to build the athletes up to compete at an elite level. Working towards helping them earn an athletic scholarship from colleges and universities.

Practice Schedule for May:

@ Alexandria Oaks Park Or @ Bishop Kenny High School
1620 Marco PL, Jacksonville, FL 32207 1055 Kingman Ave, Jacksonville, FL 32207

(Times and Location TBA for May)

June 3 - August 2: @ Bishop Kenny High School
1055 Kingman Ave, Jacksonville, FL 32207

Monday - Thursdays

Ages 7 - 12 4:00pm - 6:00pm
Ages 13 & Up 5:30pm - 8:00pm

***** In the event of rainy weather we will still hold practices, except if there is a severe storm or lighting. Please feel free to contact Coach James if there is questionable weather. *****

Coach Loren James Jr. - Sprints, Hurdles, Horizontal Jumps, Javelin
USATF Certified
8+ Years Experience





River City FINISH & FINISH, Inc.
Registration Form

Athlete's Name: _____

Athlete's D.O.B.: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian: _____

Cell # Parent/Guardian: _____

Parent's Email: _____

T- Shirt/Jersey Size: Youth - Small Medium Large
(Circle One) Adult - Small Medium Large XL XXL

School Currently Attending: _____

Events: _____

Summer Session: May 6th - August 2nd Cost \$300.00 (Ask for Sibling Discount)
(Payment Options Available)

****Make Checks Payable to: River City FINISH ****

Cost includes - AAU Registration, Equipment, Team Supplies, Entries into Track Meets, Jerseys, and T-shirts.

No Athlete will be able to participate without a completed signed waiver form and payment. If you have any further questions please call or text (904) 716 - 2447 or email me directly at lorenjamesjr@gmail.com

MEDIA RELEASE FORM

I _____ authorize River City FINISH & FINISH, inc. to post images of _____ on the team's website & any social media publications including, but not limited to Videos, Email Blasts, Recruiting brochures, Newsletters, Magazines, general publications, websites, Instagram, & Twitter.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 18 years of age)

“River City FINISH & FINISH, Inc. are not affiliated or associated with Bishop Kenny High School, Inc.”

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PARENT/GUARDIAN MEDICAL RELEASE

Participant’s Name: _____

Date of Birth: _____

Home Address: _____

Parent/Guardian Name: _____

Cell/Contact Phone: _____ Work Phone: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and able to participate in activities, and I assume all responsibility for the health of my child. My child does have the following medical conditions (allergies, diabetes, asthma, drug allergies, etc.) and/or physical disabilities:

My child’s medications/dosages:

Rx: _____ Dosage: _____ Doctor: _____

Rx: _____ Dosage: _____ Doctor: _____

Rx: _____ Dosage: _____ Doctor: _____

***PLEASE BE CERTAIN YOUR ATHLETE/CHILD HAS AN ADEQUATE SUPPLY OF ALL
REQUIRED MEDICATIONS FOR ANY AND ALL ACTIVITIES.***

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to River City FINISH & FINISH, Inc employees, volunteers, or representatives to seek medical treatment for my child (named above). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by River City FINISH & FINISH, Inc representatives or volunteers to secure proper treatment for my child (named above).

I make the following exception(s):

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and relationship: _____

Phone: _____

Athlete's Doctor: _____

Phone: _____

Health Insurance Company/ Policy Number:

(Signature of Parent/Guardian)

(Date)

OTHER MEDICAL TREATMENT: In the event it comes to the attention of River City FINISH & FINISH, Inc. volunteers or representatives during any activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over the counter medication to be administered to my child according to directions.

(Signature of Parent/Guardian)

(Date)

River City FINISH
2019 Summer Schedule

May Practice starts:	May 6th
May 10 - Friday	JAC Distance Classic (1600m, 800m, 400m) 6PM @ The Bolles School
May 18 - Saturday	JTC Running 2PM @ Bolles High School
June 1 - Saturday	AAU District Qualifier St. Augustine, FL 8AM @ St. Augustine High School
June 8 - Saturday	JTC Running 8AM @ Bolles High School
June 13-15 (Select Athletes)	New Balance Nationals @ NC A&T Greensboro, NC
June 20 - 23 Thurs - Sun	AAU Regional Qualifier Tallahassee, FL @ Florida State University, Mike Long Track
June 22 - Saturday	JTC Running 8AM @ Bolles High School

July 6 - Saturday

JTC Running

8AM @ Bolles High School 8AM

July 13 -Saturday

JTC Running

@ Bolles High School 8AM

July 25 - Thursday

Last day of Summer Practice

July 27 - Aug 3 Sat - Sat

AAU Junior Olympic Games Greensboro, NC

@ North Carolina A&T University