



TRACK CITY TRACK CLUB

ATHLETE LAST NAME

FIRST NAME

MI

2017 FUN FITNESS APPLICATION

-Please Print-

Date of Birth: ___/___/___ Gender: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Parent(s) First Name: _____
 Parent(s) Last Name: _____
 Home Phone: _____
 Cell Phone: _____
 Family Email: _____
 Health Conditions: _____

Fee Information

Registration Fee \$40.00
 Includes: Coaching,
 and entry to Allcomers meet

Enclosed Is:

\$40.00

PAYMENT BY CHECK/CASH

Make out to Track City Track Club

PAYMENT BY CREDIT CARD:

-Please Print-

Card Type: VISA, Mastercharge, Other

Number _____ - _____ - _____

Name on Card _____

Security Number _____

Expiration Date ____/____

**Bring Completed, Signed/Initialed
 Registration Form to Practice Site,
 Sheldon HS Track**

Web site: www.trackcity.org

Medical Information/Waiver: To whom it may concern:
 I, the parent/guardian of the above named applicant hereby
 authorize a club representative of Track City Track Club to
 seek and sign for medical treatment for my child, a
 member of said club, in an emergency situation. I also
 authorize that the same representative be allowed to sign
 for medical treatment in non emergency situations when
 my child is traveling with the club or when I am unable to
 be reached by phone. I also agree for myself, my Heirs and
 personal representatives to waiver and release all claims for
 damages I may now or hereafter have arising out of the
 above named person's participation in any activities of
 Track City Track Club. I further state that to my
 knowledge, applicant has no health problems or
 preexisting conditions, not previously mentioned that
 limit his/her training or activity level.

Parent Initial: _____

Medical Insurance: All participants must have current
 medical insurance coverage.

Insurance name: _____

Group Number: _____

Insurance Phone: _____

Parent initial: _____

Athlete Photographs/Images: By signing below I
 understand and agree that Track City Corporation has my
 permission to take and use my child's photographs or
 digital images for official Club purposes.

Parent Initial: _____

Parent/Guardian

Signature _____

Date ____/____/____

PARENT, PLEASE SIGN & DATE