



TRACK CITY TRACK CLUB

ATHLETE LAST NAME

FIRST NAME

MI

2018 TRACK & FIELD REGISTRATION

-Please Print-

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

Fee Information

\$75.00

starting: Track & Field, May 14th
Monday & Wednesday
 5:30-6:45pm

Season Fee Includes \$20.00 USATF Membership
A must have!

Partial Scholarship may be available
please view web site for scholarship form

PRACTICE TIMES & DAYS SUBJECT TO CHANGE. PLEASE CHECK WEB SITE CALENDARS

USATF Membership: By signing below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaw, Operating Regulations and Competition Rules for my level(s) and Category(s) of Membership.

Athlete Signature _____
ATHLETE PLEASE SIGN

A copy of your athletes birth certificate or proof of age must accompany this application for USATF age verification.

A must have!

If athlete was a member in 2015 proof of age will not be necessary

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 waive 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

PAYMENT BY CHECK/CASH

Make out to: Track City Track Club

PAYMENT BY CREDIT CARD:

-Please Print-

Card Type: VISA, Master charge, Other

Number _____ - _____ - _____

Name on Card _____

Security Number _____

Expiration Date ___/___

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