



# TRACK CITY TRACK CLUB

ATHLETE LAST NAME

FIRST NAME

MI

## 2019 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 \$45.00  
 Includes: Coaching  
 and entry to All Comers meets  
**practice date/time**  
**June 3rd, 5th 10th, 12th & 17th**  
**5:30-6:30**

### Enclosed Is:

**\$45.00**

### **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](http://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**