



REGISTRATION FORM

Athlete Name: _____ **USATF#:** _____

Date of Birth: _____ **Age:** _____ **Sex:** M / F **Phone#:** _____

Mailing Address: _____ **City/Zip:** _____

Father's Name: _____

Cell Phone: _____ **Email:** _____

Mother's Name: _____

Cell Phone: _____ **Email:** _____

EMERGENCY CONTACT:

Name: _____ **Phone #:** _____ **Relation:** _____

MEDICAL ISSUES: **Asthma:** Yes / No **If Yes, Requires Inhaler?** Yes / No

List any medical problem or Medical Restriction of Athlete:

CONSENT FOR MEDICAL TREATMENT OF MINOR / RELEASE FORM

As the parent or guardian of the above named child, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. Care may be given under whatever conditions are necessary to preserve the life, well being of this child. In the event of any injury to my child, I hereby release and hold harmless from any liability for damages or claims for personal injury, including death, libel, slander or defamation of character as well as for claims for property damage, which may arise in connection with the above and against the President, Officers, Board of Directors or Stallions Track, as well as any Stallions Track members and the Stallions Track Club itself in whichever corporate form it may take.

Name of Insurance Carrier: _____ **Primary Physician:** _____

Plan #: _____

Parent Name: _____ **Signature:** _____ **Date:** _____

PARENT SUPPORT IS NEEDED – Please circle how you can help

Assistant Coach – Running Chaperone – Help at meets – Photography – Year End Party

Stallions Track Use: A) Track & Field - \$225 B) Track & Field Sibling - \$175 C) Cross-Training \$100

Payment Option: \$100 Down Payment A) \$125 B) \$75

Division: Sub-Bantam Bantam Midget Youth Intermediate Young Men / Young Women

Birth Cert. Copy: yes / no **USATF Membership:** Yes / No **Card #** _____

Fees: Paid: _____ CK# _____ Cash _____ **Initial:** _____ **Date:** _____