



Signup Sheet / Membership Application 2025

The following information is kept confidential.

First Name	
Middle Name	
Last Name	
Street	
Street 2	
City	
State	
Zip Code	
Phone	
e-mail	
Birth date	
Gender	Male Female

Emergency Contact: Who do we contact in case of an emergency?

Name:	
Relationship:	
Phone Number:	

I, hereby, for myself, heirs, executors and assigns, waive all claims for damages that may arise the organizers or sponsors of the Southwest Ohio Track Club and their agents or representatives for injuries suffered at Southwest Ohio Track Club practices and/or competitions. I certify that I, or, my minor child, - named below, is in good health and sufficiently trained to practice and/or compete.

Signature (Parent/Legal Guardian if a minor)_____

Date:_____