



To be completed by DSTC Staff only

GENDER: _____
 D.O.B: _____
 DIVISION: _____
 UNI: ____ TS: ____ SM: ____ DM: ____

ATHLETE INFORMATION SHEET					
Athletes Name:			Nickname:		
Date of Birth:		Age:	Gender:		
Home Address:					
City:		Zip Code:	Home Phone:		
HT:	WT:	Team T-Shirt Size:	Uniform Shirt Size:	Uniform Short Size:	
School:			Grade:		
"How did you hear about SWIFT?"			"What is the name of your previous Track & Field team (if applicable)?"		

ATHLETE PHOTO

Staple or Photocopy a clear current HEADSHOT of athlete here

PARENT/GUARDIAN INFORMATION:		
Mothers Name:		Fathers Name:
Phone #:		Phone #:
E-mail Address:		E-mail Address:
GROUPME CONTACT #:	Phone #1:	Phone#2:

EMERGENCY CONTACT & PHYSICIAN INFORMATION		
Emergency Contact:		Contact Phone#
Physician's Name	Physician's Number	Preferred Hospital
Insurance Provider:	Group #.	
Current Medical Conditions/ Allergies/Medications:	Current Medications:	

WAIVERS and NOTIFICATIONS

This waiver of liability is executed in regard to my child's participation in activities involving DESOTO SWIFT TRACK CLUB. I understand that my child is not required to participate in the activities.

I understand participating in sporting activities creates certain physical risks. I will not hold the DESOTO SWIFT TRACK CLUB, its club coaches, support staff, or the City of Desoto "Responsible" for any injuries which may occur as a result of my child's participation. I declare my child has no physical limitations, and/or has been cleared by a physician of any condition, which will prevent him/her from participating.

I authorize DESOTO SWIFT TRACK CLUB to contact emergency medical support and provide medical & insurance information I've provided as necessary on behalf of my child should the need arise.

My athlete (child) and I (parent) agree to abide by the DESOTO SWIFT TRACK CLUB Athlete and Parent Code of Conduct.

I understand the SWIFT TEAM LOGO(s) cannot be recreated or copied and violations are subject to litigation and dismissal from the team.

I agree to pay the standard non-sufficient funds (NSF) fee of \$25 for each payment I make that is returned due to insufficient funds.

I also authorize the publication of pictures or press release information related to my child's participation with the DESOTO SWIFT TRACK CLUB.

I acknowledge having read the foregoing WAIVER OF LIABILITY, understand it completely, and agree with terms within.

Parent or Guardian Signature:

To be completed by DSTC Staff only		To be completed by S.W.I.F.T personnel	
AAU ID#:	B/C on file:	Total Fee Amount Due : <small>NEW</small> \$220 <small>RETURNING</small> \$120	
USATF ID#:	Sports ID Card on file:	PAYMENT INFORMATION	
Fundraiser(s) Participation _____		DATE:	<small>First Payment</small> <small>Second Payment</small>
		METHOD:	
		AMOUNT:	
		Book Receipt #:	
		Receipt #:	

Contact Info:
 Sharmel Dozier
 Director of Administration/HJ Coach 469-733-7351
 run@desotoswift.org
 www.DESOTOSWIFTTRACKCLUB.COM