

THE SPEED ACADEMY ATHLETICS CLUB REGISTRATION FORM

Membership Type () 2025-26 Fall/Indoor

Athlete Personal Information	
Name: _____ Address: _____ City: _____ Postal Code: _____ Birth date (dd/mm/yyyy) _____	Home Telephone: _____ Athlete Email: _____ (optional if under 18 years of age) Cell phone: _____ (optional if under 18 years of age)
Family Information (optional if 18 years old or older) Father/Guardian Name : _____ Cell Phone: _____ Email: Father : _____ Mother/Guardian Name : _____ Cell Phone: _____ Email: Mother : _____ If you telephone my home, please request to speak with my: _____ Other: _____	
Emergency Information Emergency Contact: _____ Relationship : _____ Telephone: _____	Sickle Cell Trait : YES ___ NO ___ List all allergies/medication: _____ Recent serious injuries: _____ Health Card # _____

Terms & Conditions of Athlete Contract

1. Membership fees are non-refundable.
2. Athletes are registered for the season listed above
3. All travel expenses are the responsibility of the Athlete or Parent/Guardian
4. All members are required to support club fundraising activities.
5. All members will abide by the Athletics Canada Code of Conduct.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

(If Athlete is under 18 years of age)