



YOUTH ATHLETE REGISTRATION FORM

Participant Information:

1. Full Name: _____
2. Date of Birth: _____
3. Age: _____
4. Gender: ☐ Male ☐ Female
5. Address: _____
6. Phone Number: _____
7. Email Address: _____

Emergency Contact Information:

1. Emergency Contact Name: _____
2. Relationship: _____
3. Phone Number: _____
4. Email Address: _____

Medical Information:

1. Allergies or Medical Conditions: _____
2. Medications: _____
3. Physician Name: _____
4. Physician Phone Number: _____

Parent/Guardian Information:

1. **Full Name:** _____
2. **Phone Number:** _____
3. **Email Address:** _____

Track Team Details:

1. **Track Team Level** (Select one):
 - ☐ Beginner
 - ☐ Intermediate
 - ☐ Advanced

Payment Information

1. **Registration Fee:** \$_____
2. **Payment Method:**
 - ☐ Credit/Debit Card
 - ☐ Check
 - ☐ Cash

Waiver and Consent:

I, the undersigned, give permission for my child to participate in the Youth Track Team and agree to assume all risks associated with the program.

I authorize the coaches and team staff to seek emergency medical treatment if necessary.

I also consent to the use of any photographs or video footage taken during practices or events for promotional purposes.

Signature of Parent/Guardian: _____

Date: _____