

The Heat Track Club Registration Form

Athlete's Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zipcode: _____

Gender: ___ Male ___ Female Current Age: _____ Age as of 12/31/2022: _____

Parent/ Guardian name(s): _____

Phone number(s): _____ Phone number(s): _____

Phone number(s): _____ Phone number(s): _____

Email: _____

Email: _____

Emergency Contact: _____

Relationship to athlete: _____

I agree to abide by the rules of The Heat Track Club, I understand that all fees are non-refundable. I understand that, with my child's membership, I assume the responsibility of assisting with fundraisers and the competitions that the club shall host/put on, in whatever capacity for which I am qualified and/or needed.

Parent/Guardian Signature: _____ Date: _____