



Stallions Track Club



"workin' hard — gettin' better!"

Moon, PA

Team Registration Form

ATHLETE INFORMATION

LEGAL NAME: _____

GENDER: MALE FEMALE DATE OF BIRTH: _____

PARENT(S)/GUARDIANS: _____

CONTACT INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

PHONE: _____

RELATIONSHIP: _____

PROOF OF AGE: All new athletes must attach a proof of age by copy of birth certificate.

INSURANCE INFORMATION:

Employer's Name

Medical Insurance Company

Policy Number

Group Number

Please list any medical concerns your child may have: _____