

Membership Application

## ATHLETE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | Date: |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School |  |  | | |  | Previous Club |  |  |  | Referred By |  |  |
|  | | |  |  | | | | | | | | |
| T-Shirt Size | | |  | YS YM YL YXL AS AM AL AXL AXXL | | | | | | | | |

## MEMBERSHIP PROFILE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  | | |
|  | | |  |  | | | | | |
| Age |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  | | |
|  | | |  |  | | | | | |
| Gender |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | Division |  |  |
|  | | |  |  | | | | | |
| Parent Signature |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | Date |  |  |

**NOTE: Please Provide Birth Certificate**

## PARENT/GAURDIAN CONTACT INFORMATION

Parent/Guardian #1

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | | | | |  | Address: |  |  |
| \_\_\_\_\_ | | | |  | |  | | | | |
|  | | | |  | |  | | | | |
| Cell Phone |  |  | | | | |  | Work Phone |  |  |
|  | | | |  | |  | | | | |
| Email | | |  | |  | | | | | |

Parent/Guardian #2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | | |  | Address: |  |  |
|  | | |  |  | | | | |
|  | | |  |  | | | | |
| Cell Phone |  |  | | |  | Work Phone |  |  |

|  |  |  |
| --- | --- | --- |
| Email |  |  |

## EMERGENCY CONTACT INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact Name |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Cell Phone |  |  | | |  | Work Phone |  |  |
|  | | |  |  | | | | |
| Doctor’s Name |  |  | | |  | Office Number |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medical History  (asthma, sickle cell, diabetes, etc) | |  | |  |  |  |
|  |  | |  | | | | |
| Allergies | |  | |  |  |  |
|  |  | |  | | | | |
| Address: | |  | |  |  |  |

## SIGNATURE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Signature | |  | |  |  | Date |  |  |
|  |  | |  | | | | | |

**COMPLETION OF THIS APPLICATION AUTHORIZES THE W YOUR USATF and/or AAU MEMBER INGS TRACK CLUB TO COMPLETE SHIP CARDS.**

## DALLAS SUPER SONICS ADMINISTRATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fees Due |  |  | | |  |  |
|  | | |  |  | | | | | | | |
| Payment |  |  | | |  | Date | | | |  |  |
|  | | |  |  | | | | | | | |
| Notes |  |  | | |  |  |  |  |
|  | | |  |  | | | | | | | |