

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 |  |  |  |  |  |  |
|  |  |  |