

Young Athletics Track and Field Club Registration Form, 2024

Personal Information:

Name: _____

Date of Birth _____ Current Age: _____

Address: _____

City: _____

Postal Code: _____

Gender: Male or Female (please circle)

Parents/Guardians: _____

Home /cell Number: _____

Email Address: _____

Medical Information:

Health Card Number: _____

Allergies: _____

Medical Diagnosis: _____

Medications: _____

Surgery/Injuries: _____

Sports History:

Experience in track and field/road races

I agree to participate in Young Athletics Track and Field Club to the best of my ability, have fun and make new friends following all rules, training expectations and policies/procedures in a positive, respectful, co-operative manner.

Athletes Signature: _____

Parental Signature: _____

