

BAY AREA ROAD WARRIORS TRACK CLUB

APPLICATION FORM **DATE:** _____

PLEASE PRINT:

ATHLETE'S NAME: LAST _____ FIRST _____

MIDDLE NAME _____ NO MIDDLE NAME MALE FEMALE

HOME ADDRESS: _____ CITY _____

STATE _____ ZIP CODE _____

PARENT/GAURDIAN HOME PHONE NO: (____) _____ - _____ WORK PHONE NO: (____) _____ - _____

PARENT/GUARDIAN EMERGENCY PHONE NO: (____) _____ - _____ CELL PHONE NO: (____) _____ - _____

ATHLETE DATE OF BIRTH: MONTH (____) DAY (____) YEAR (____)

HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS.

SHIRT SIZE: 3X () 2X () 1X () A XL () A L () A MED: () AS () TEEN: CHILD: 14-16 ()

UNIFORM SIZE: TOP _____ BOTTOM _____

NAME OF SCHOOL YOU ARE ATTENDING: _____

LIST ANY SPORTING ACTIVITIES YOU ARE CURRENTLY INVOLVED IN:

DO YOU HAVE ANY PERSONAL INJURIES THAT COACHES SHOULD BE AWARE OF?

(YES - NO). IF YES EXPLAIN _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT MIGHT CAUSE YOU TO MISS PRACTICE?

(YES - NO). IF YES EXPLAIN _____

WHAT EVENTS DO YOU PLAN TO PARTICIPATE IN? _____

PRINT NAME OF PARENT / GUARDIAN: _____

SIGNATURE OF PARENT / GUARDIAN _____

PRINT CURRENT EMAIL ADDRESSES: _____

ATHLETE PHOTO / MEDIA RELEASE AGREE DISAGREE

PARENT/GUARDIAN WAIVER OF RESPONSIBILITY

(Athlete's Name) _____ has my permission to participate in AAU summer track program. I release the Bay Area Road Warriors Track Club, its owners, coaches and staff of any responsibility for any unforeseen illnesses and/or injuries incurred by the athlete during the current track season. In the event of an emergency, Bay Area Road Warriors Track Club has my permission to seek and obtain medical assistance as deemed necessary.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____