

HERITAGE VALLEY BLAZERS YOUTH TRACK MEMBERSHIP APPLICATION

ATHLETES INFORMATION

Name:	Boy / Girl	School Name:	Team:
Date of birth:		Phone:	
Current address:			
City:		State:	ZIP Code:

PARENT/GUARDIAN (S) INFORMATION

Father's Name:			
Current address:		Phone:	
City:		Cell:	
State & Zip:		Email:	

Mother's Name:			
Current address:		Phone:	
City:		Cell:	
State & Zip:		Email:	

EMERGENCY CONTACT (IF PARENT OR GUARDIAN IS UNAVAILABLE)

Name of a relative not residing with you:			
Address:		Phone:	
City:		State:	ZIP Code:
Relationship:			

MEDICIAL INFORMATION

Doctor's Name:			
Address:		Phone:	
City:		State:	ZIP Code:
Insurance Company:			
Phone Number:		Policy#:	Group ID #:

List any/all Conditions or limitations which may affect the athlete's ability to Participate in this sport	List any/all Allergies to medication & reaction
--	---

Uniform Size		Proof Of Age			Fees Paid	
Shirt	Short	Birth Cert	Other	Check#	Cash	Deposit

