

EASTVALE ELITE TRACK CLUB

MEMBERSHIP/REGISTRATION APPLICATION

ATHLETE INFORMATION

Athlete Name _____
(Last) (First) (MI)

Home Address _____

City _____ State _____ Zip Code _____

Phone Number (Home) _____ Phone Number (Other) _____

Date of Birth _____ Age _____ Gender Boy or Girl

Parent/Guardian Information

Father's Name _____ Mother's Name _____

Father's Email _____ Mother's Email _____

Phone (Work) _____ Phone (Work) _____

Phone (Cell) _____ Phone (Cell) _____

Please choose your preferred form of communications from a staff member of Eastvale Elite TC
Phone or Email (**Emergencies constitutes immediate contact**)

EMERGENCY CONTACT INFORMATION

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship to Athlete _____

Address _____ City _____ State _____

Phone(Home) _____ Phone(Cell) _____

WAIVER OF RESPONSIBILITY

I, the undersigned, hereby give permission for the child named above to participate in the track program with Eastvale Elite Track Club. I understand that this registration with the EETC constitutes membership in the club and if I desire to withdraw my child, Amateur Athletic (AAU) and USA Track & Field(USATF) rules prohibits him/her from joining any other track club or team during the current competing year, unless approved by AAU or USATF through the Gulf Association and Eastvale Elite TC. I further release Eastvale Elite TC from any responsibility of bodily injury to my child and understand that I am responsible for any medical fees accrued by my child as a result of medical attention. I grant Eastvale Elite TC permission for photos/images and all other personal identifiers that include the above athlete to be published on Eastvale Elite TC's website and district internet sites. I certify that I am the parent/guardian of the child listed above and that all information is correct. I respect the reserved right of IE Speed TC to suspend my child's activities if deemed necessary.

SIGNATURE OF PARENT /GUARDIAN _____ DATE _____

DO NOT WRITE BELOW THIS LINE-FOR REGISTRAR USE ONLY

<input type="checkbox"/> Primary <input type="checkbox"/> Sub-Bantam <input type="checkbox"/> Bantam <input type="checkbox"/> Sub-Midget <input type="checkbox"/> Midget <input type="checkbox"/> Sub-Youth <input type="checkbox"/> Youth <input type="checkbox"/> Intermediate <input type="checkbox"/> YM/YW	<input type="checkbox"/> Registration Fee (\$ _____) <input type="checkbox"/> Birth Certificate (Copy) <input type="checkbox"/> Photos (2) USATF Card # _____ Uniform Size Top _____ Bottom _____	I have examined the applicant's birth certificate and have found the date and age to be correct. Registrar _____ Date _____
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EASTVALE ELITE TRACK CLUB

MEDICAL INFORMATION FORM

ATHLETE MEDICAL INFORMATION

Athlete Name _____
(Last) (First) (MI)
Date of Birth _____ Date of Last Physical _____
(mm/dd/yyyy) (mm/dd/yyyy)
Physician's Name _____ Physician's Phone Number _____
Insurance Carrier _____ Phone Number _____

MEDICAL HISTORY

Has the athlete ever been hospitalized? ___ Yes ___ No
If yes, please explain: _____

Is the athlete allergic to any medication ___ Yes ___ No
If yes, please explain: _____

Is the athlete currently taking any medications (Daily or As Need Basis)? ___ Yes ___ No
If yes, please explain: _____

Date of last Tetanus Shot _____
(mm/dd/yyyy)

Has the athlete suffered from/or presently suffering from an of the following?
(CHECK ALL THAT APPLY)

- ___ Allergies
- ___ Asthma/Breathing Disorder
- ___ Chronic Headaches
- ___ Concussions
- ___ Fainting Spells
- ___ Heat Stroke
- ___ Other,

Please explain _____

Is there any other medical condition not listed above which could have a bearing on the athlete's ability to perform any of the track events or practices as deemed necessary by the coaching staff? If yes, please explain: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____