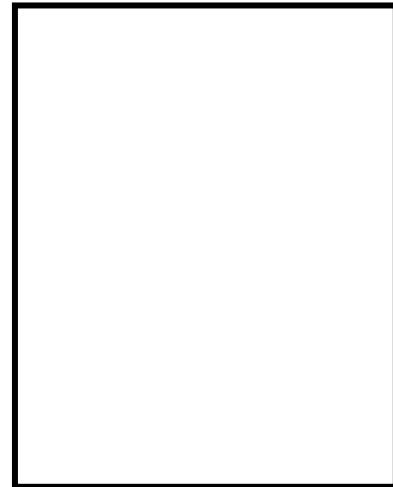


EASTVALE ELITE

TRACK CLUB



ATHLETE COVER SHEET (RETURNING ATHLETES)

Athlete Name: _____

Athlete DOB: _____ **Age:** _____

Athlete Parent Name: _____

Parent Emergency Number: _____

Parent Email: _____

USATF#: _____

ANY CHAGES TO ADDRESS: YES NO

ADDRESS: _____

CITY/ZIP: _____

Compete

Non-Compete

Athlete Contract Signed

Birth Certificate

Payments:

Date	Amount Paid	Receipt #	Payment Type	Balance Due