MAXIMUM SPEED TRACK CLUB (MSTC) 2021 OUTDOOR MEMBERSHIP AND WAIVER FORM

Instructions: Please fill out all information on the form and bring to Registration. If registering multiple children, please attach all forms together. Payment should be made by <u>Cash, Cash App, Venmo, or Zelle Only</u>. Uniforms and gear will be ordered on a different form.

| Name: | Gender:[]M[]F Birth | Gender:[]M[]F Birthday:// | |
|--|---|-------------------------------------|--|
| School: | G | Grade: | |
| Home Address: | | | |
| City: | State: | Zip: | |
| Home Phone: | Cell Phone: | | |
| Email Address: | | | |
| Mother's Name: | Father's Name: | | |
| Family Doctor: | Phone#: | | |
| Insurance/Health Plan: | Policy#: | | |
| Medical: List any condition that may inhibit perfo | ormance or may require medical attention or monitoring du | ring practice or meets: | |
| | | | |
| Be assured that this club is concerned for the heaverm-ups, stretching and training. | alth, safety and well-being of its members. Precautions to av | oid injury are taken through proper | |
| Field are not an exception to this risk. I understar | vity there is a potential risk for accident, incident or injury; I nd that an annual physical is recommended for participation on with this club; and will not hold the club, its coaches or ar | in any sport. I assume all risk | |
| Athlete Member Signature: | Date: _ | | |
| Parent/Guardian Signature: | Date: _ | | |
| | ment is deemed necessary, if a parent/guardian canearest medical treatment facility? [] yes | | |
| Do you have a preferred medical treatm | ent facility? | | |
| | n: \$190.00 | | |

The total for registration, AAU and USATF is \$143.00 per athlete. Total fees & uniforms \$313.00 (new athletes),