

To be completed by SWIFT personnel



GENDER: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_  
 DIVISION: \_\_\_\_\_

ATHLETE INFORMATION SHEET			
Athletes Name:		Nickname:	
Date of Birth:	Age:	Gender:	
Home Address:			
City:	Zip Code:	Home Phone:	
HT:	WT:	Shirt Size:	Short Size:
School:		Grade:	
"How did you hear about SWIFT?"		"What is the name of your previous Track & Field team (if applicable)?"	

**ATHLETE PHOTO**  
 Staple or Photocopy a clear current HEADSHOT of athlete here

**PARENT/GUARDIAN INFORMATION:**

Mothers Name:		Fathers Name:	
Phone #:		Phone #:	
E-mail Address:		E-mail Address:	
GROUPME CONTACT #:	Phone #1:	Phone#2:	

**EMERGENCY CONTACT & PHYSICIAN INFORMATION**

Emergency Contact:		Contact Phone#	
Physician's Name	Physician's Number	Preferred Hospital	
Insurance Provider:	Group #.		
Current Medical Conditions/ Allergies/Medications:	Current Medications:		

**WAIVERS and NOTIFICATIONS**

This waiver of liability is executed in regard to my child's participation in activities involving DESOTO SWIFT TRACK CLUB. I understand that my child is not required to participate in the activities.  
 I understand participating in sporting activities creates certain physical risks. I will not hold the DESOTO SWIFT TRACK CLUB, its club coaches, support staff, or the City of Desoto "Responsible" for any injuries which may occur as a result of my child's participation. I declare my child has no physical limitations, and/or has been cleared by a physician of any condition, which will prevent him/her from participating.  
 I authorize DESOTO SWIFT TRACK CLUB to contact emergency medical support and provide medical & insurance information I've provided as necessary on behalf of my child should the need arise.  
 My athlete (child) and I (parent) agree to abide by the DESOTO SWIFT TRACK CLUB Athlete and Parent Code of Conduct.  
 I understand the SWIFT TEAM LOGO(s) cannot be recreated or copied and violations are subject to litigation and dismissal from the team.  
 I agree to pay the standard non-sufficient funds (NSF) fee of \$25 for each payment I make that is returned due to insufficient funds.  
 I also authorize the publication of pictures or press release information related to my child's participation with the DESOTO SWIFT TRACK CLUB.  
 I acknowledge having read the foregoing WAIVER OF LIABILITY, understand it completely, and agree with terms within.

**Parent or Guardian Signature:** \_\_\_\_\_

To be completed by S.W.I.F.T personnel				To be completed by S.W.I.F.T personnel		
AAU#:	B/C on file:		Total Fee Amount Due :		NEW \$250	RETURNING \$125
USATF ID#:	Sports ID Card on file:		PAYMENT INFORMATION			
Uniform:	T-shirt:	Warm-up:				
Fundraiser(s):	DATE:		First Payment	Second Payment		
	METHOD:					
	AMOUNT:					
	Book Receipt #:					
Square Receipt #:						

**Contact Info:**  
 Sharmel Dozier  
 Director of Administration/HJ Coach  
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 www.DESOTOSWIFTTRACKCLUB.COM