



# Stallions Track Club



*"workin' hard — gettin' better!"*

**Moon, PA**

## Team Registration Form

### ATHLETE INFORMATION

LEGAL NAME: \_\_\_\_\_

GENDER:    MALE            FEMALE            DATE OF BIRTH: \_\_\_\_\_

PARENT(S)/GUARDIANS: \_\_\_\_\_

### CONTACT INFORMATION

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_            STATE: \_\_\_\_\_            ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_            CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_            CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**PROOF OF AGE:**    All new athletes must attach a proof of age by copy of birth certificate.

### INSURANCE INFORMATION:

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

Please list any medical concerns your child may have: