



To be completed by SWIFT personnel

GENDER:

D.O.B:

DIVISION:

ATHLETE INFORMATION SHEET

| | | | |
|--|------------|--|--------------------|
| Athletes Name: | | Nickname: | |
| Date of Birth: | | Age: | Gender: |
| Home Phone: | | | |
| Home Address: | | City: | Zip Code: |
| 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)?” | |

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

| | | | | |
|-----------------------|--------------------------------|-----------------|----------------------------|-------------------|
| AAU#: | B/C on file: | Fee(s): | PAYMENT INFORMATION | |
| USATF ID#: | Sports ID Card on file: | | | |
| Uniform: | T-shirt: | Warm-up: | Bag: | DATE: |
| Fundraiser(s): | | | | METHOD: |
| | | | | AMOUNT: |
| | | | | Receipt #: |