


Sign by entering your name as the parent or approved representative.

* Sport: Track and Field (X-Country, Multi-Events) 


* Coverage: ☐ Extended (AE - \$18)
☒ Regular - \$14

*Term: ☒ Current Membership Year - EXPIRES ON 8/31/2022 - \$14.00
☐ 2 years - EXPIRES ON 8/31/2023 - \$28.00
☐ 3 years - EXPIRES ON 8/31/2024 - \$42.00
☐ 4 years - EXPIRES ON 8/31/2025 - \$56.00

Are they a member of a club?

☐ No, not at this time (can be updated later)
☒ Yes

Zip Code:

Select your club: None 

Enter your club code: W37B5A 

RRTFC Club Code
W37B5A

Who are you registering?

First Name	Middle	Last Name	Gender	Date Of Birth	Grad Year	Home Street Address	Zip	Parent's Email	Parent's Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Terms and Conditions - Digital Signature

Membership in the AAU is a privilege granted by the AAU. It is not a right. The AAU at its sole discretion reserves the right to accept or reject any applicant(s) for membership.

Membership in any category may be granted only after an application is submitted and approved. By submitting an application, the applicant agrees to comply with all the provisions of the AAU Code, including its constitution, bylaws, policies, procedures, regulations, and rules.

* I certify that I have the athlete's parent's or guardian's consent for the athlete to become an AAU Member.

* I accept all terms and conditions for this AAU membership application as laid out by the AAU code book (available here) and this application.

* I hereby certify that all information I have provided is accurate, my name (below) is correct, and I am authorized to apply for membership for the youths in this application.

* I understand that there are no refunds issued for cancellations.

☐ * I understand and agree to all terms and conditions listed

By entering my name below I hereby authorize AAU to create the requested youth memberships, accept and acknowledge all terms and conditions presented to me during the application process.

NOTE: THIS MUST BE SIGNED BY THE PERSON APPLYING FOR MEMBERSHIP OR A PARENTALLY APPROVED REPRESENTATIVE FOR YOUTH APPLICANTS.

* First Name:

Middle Name:

* Last Name:





The Athlete's name will show up on the shopping cart for checkout.

Memberships / Clubs

SHOPPING CART

Modify	Delete	Description	Sport	Program	Fee
MODIFY	DELETE	Athlete - [REDACTED]	AT	Youth	\$14.00
					Total: \$14.00

[Add Another Membership](#)

[Checkout](#)

COMPLETE BILLING INFORMATION

Check Out:

There are No Cancellation Refunds Available.

Description	Quantity	Sport	Program	Fee
Membership [REDACTED]	1	AT	Youth	14.00

[Update / Make Changes](#)

All Funds in US Dollars.

Convenience fee: 1.49
Order Total: \$ 15.49

Billing Information:

First Name:

Middle Name:

Last Name:

Address:

City:

Country:

State / Region:

Zip Code / Postal Code:

Email Address: (E-mail)

Card Type:

Card Number:

Exp Date: MM/YYYY

CID Code: [What is this?](#)

Click to continue:

DO NOT HIT 'BACK' BUTTON

There are No Cancellation Refunds Available.

For any questions, call or text Coach Ronnie at 210-464-1577.