MAXIMUM SPEED TRACK CLUB 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 Only</u>. Uniforms and gear will be ordered on a different form.

Name:	Gender: [] M [] F Birth	Gender: [] M [] F Birthday:/	
School:	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#:		
	erformance or may require medical attention or monitoring du		
Be assured that this club is concerned for the he warm-ups, stretching and training.	ealth, safety and well being of its members. Precautions to ave	oid injury are taken through proper	
Field are not an exception to this risk. I underst	ctivity there is a potential risk for accident, incident or injury; and that an annual physical is recommended for participation ion with this club; and will not hold the club, its coaches or an	in any sport. I assume all risk	
Athlete Member Signature:	Date: _		
Parent/Guardian Signature:	Date: _		
ŭ •	tment is deemed necessary, if a parent/guardian carest medical treatment facility? [] yes		
Do you have a preferred medical treatr	ment facility:		
Club Fees: [] Individual Club Membership per season: \$6 [] Two Child Family Club Membership per se [] Three Child Family Club Membership per s Registration Fee (non-refundable)	eason: \$120.00		