

COOL BREEZE TRACK CLUB MEMBERSHIP APPLICATION

www.coolbreezetrackclub.com

ATHLETE INFORMATION	
FIRST NAME	M.I. LAST NAME
STREET ADDRESS	
CITY	ST ZIP
CELL PHONE	HOME PHONE
ATHLETE DATE OF BIRTH	AGE AS OF TODAY
AAU CARD <input type="checkbox"/> YES <input type="checkbox"/> NO MEM # _____	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MEDICAL INFORMATION	
HEALTH INSURANCE	
PHYSICIAN NAME	
INSURANCE CARRIER	
PHONE NUMBER	
ALLERGIES	
ASTHMA <input type="checkbox"/> YES <input type="checkbox"/> NO	SEIZURES <input type="checkbox"/> YES <input type="checkbox"/> NO
Does the athlete take any medication? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list medication(s): _____	
EMERGENCY CONTACT INFORMATION	
EMERGENCY CONTACT NAME	
PHONE NUMBER	
RELATIONSHIP TO ATHLETE	

PARENT OR GUARDIAN INFORMATION	
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> EMS/CPR? ____	
FIRST NAME	M.I. LAST NAME
STREET ADDRESS	
CITY	ST ZIP
CELL PHONE	HOME PHONE
EMAIL ADDRESS	WORK PHONE
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> EMS/CPR? ____	
FIRST NAME	M.I. LAST NAME
STREET ADDRESS	
CITY	ST ZIP
CELL PHONE	HOME PHONE
EMAIL ADDRESS	WORK PHONE
WAIVER	
<p>I, the undersigned, hereby give permission for the athlete named above to participate in the summer track program with Scott County Cool Breeze Track Club. I understand this registration releases Scott County Cool Breeze Track Club from any responsibility for bodily injury to my athlete and understand that I am responsible for any medical fees accrued by my athlete as a result of medical attention. I certify that I am the parent/guardian of the athlete listed above and all the information is correct. I respect the reserved right of Scott County Cool Breeze Track Club to suspend my athlete's activities if deemed necessary. I understand that there are no refunds.</p>	
Parent/Guardian Signature: _____	
Date: _____	

FOR OFFICE USE ONLY			
Amount Paid	Date Registered	Division (2018)	Uniform Top Size
\$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK _____	____ / ____ / ____	<input type="checkbox"/> 8 Yrs Old 2010 & After <input type="checkbox"/> 9 Yrs Old 2009 <input type="checkbox"/> 10 Yrs Old 2008 <input type="checkbox"/> 11 Yrs Old 2007 <input type="checkbox"/> 12 Yrs Old 2006 <input type="checkbox"/> 13 Yrs Old 2005 <input type="checkbox"/> 14 Yrs Old 2004 <input type="checkbox"/> 15-16 Yrs Old 2002-03 <input type="checkbox"/> 17-18 Yrs Old 2000-01	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Youth <input type="checkbox"/> XL <input type="checkbox"/> Adult <input type="checkbox"/> XXL
AAU CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH CERTIFICATE RECEIVED <input type="checkbox"/>		
MEM # _____			