



**2015 2016 MEMBERSHIP APPLICATION**

Athlete Last Name:		Athlete First Name:	
Parent/Guardian Name:		Parent/Guardian Name:	
Parent/Guardian Cell #:		Parent/Guardian Cell #:	
Address:		City:	Zip:
Phone #:	Email:	Email:	
Gym	Team (s)	DOB:	

Other Siblings \$ 45 additional siblings	DOB	Team

Names of volunteers fundraising for Athlete (s)		
Name: Phone:	Name: Phone:	Name: Phone:
Name: Phone:	Name: Phone:	Name: Phone:

EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State	Zip:
Relationship:		

Annual membership fee \$100

Active Returning Member

New Member

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

I warrant the above information is correct and will notify an Athletic Edge Director of any changes. I understand statements will be emailed to me and I will need to provide Athletic Edge with a valid email address.

Email to [AMembership@yahoo.com](mailto:AMembership@yahoo.com) or mailed to:

Athletic Edge Sports and Academic Foundation Inc  
Attn: Charisse Ibarra  
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Union City, CA 94587