



2017 INDOOR TRACK



SECTION I: PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Age: _____

Race/Ethnicity: Hispanic/Latino Black/African-American White Arab
 American Indian Asian Multi-Racial Other _____

Receives free/reduced school lunch?: Yes No

Health Conditions/ Prescription Medications?: _____

Shirt (circle): Youth Sizes: S(6-8) M(10-12) L(14-16) XL(18-20) Adult Sizes: S M L XL 2XL

Shorts (circle): Youth Sizes: S(6-8) M(10-12) L(14-16) XL(18-20) Adult Sizes: S M L XL 2XL

SECTION II: PRIMARY PARENT/GUARDIAN INFORMATION (Parent to receive mail, email and phone calls)

Name: _____

Relationship to Player: Father Mother Other _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ St: _____ Zip _____

SECTION III: SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Player: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

SECTION IV: EMERGENCY CONTACT

Name: _____ Phone: _____

Relation to Player: _____ Check box to call emergency contact before secondary parent

Office Use Only Date: _____ Received By: _____ Birth Certificate

Form of Payment: _____ Amount Paid: _____ Special Fee D/E Init.: _____

