

A 1 Learning Connections
A 1 Track Club



REGISTRATION FORM

Date: _____

School: _____

Track/field event(s) _____

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Grade: _____

Sex: __Male __Female

Address: _____ Telephone Number(s): _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Address: _____ Telephone Number(s): _____

Email address: _____

EMERGENCY INFORMATION

Physician Name: _____

Address: _____ Telephone Number(s): _____

Please describe any medical conditions, including allergies that A 1 Track Club should be aware of:

Is there any medical condition(s) that would prevent or limit this student from participating in conditioning activities for track and field? _____. If Yes, please explain. _____

Name of person, other than parent/guardian, authorized to act for the parent/guardian in case of emergency:

DO NOT LEAVE BLANK

Name: _____

Telephone Number(s): _____

In the event of an emergency, I hereby give permission to A 1 Learning Connections and anyone associated with A 1 Track Club to secure proper medical treatment for my child.

Signature of Parent/Guardian

Date

