

2010 SPRING TRACK AND FIELD

Athlete's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Events/Distance I like to compete in:

\_\_\_\_\_

Any allergies or other important medical information to know:

\_\_\_\_\_

First person my coach should call in the case of emergency, and their number:

\_\_\_\_\_

Email address for all correspondence:

\_\_\_\_\_

Extended Day? Yes \_\_\_\_\_ No \_\_\_\_\_ \* All athletes will be signed into extended day 15 minutes after practice ends if no parent/guardian arrives to pick up.

Who I am allowed to go home with from practice other than my parent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

(please print)

Parent/Guardian Signature:

\_\_\_\_\_