

Amount Paid	Cash	Check Number	Date Registered	Division	Uniform Top Size	AAU Card
\$	<input type="checkbox"/>		____/____	<input type="checkbox"/> Primary 2003 + <input type="checkbox"/> Bantam 2002-2001 <input type="checkbox"/> Midget 2000-1999 <input type="checkbox"/> Youth 1998-1997 <input type="checkbox"/> Intermediate 1996-1995 <input type="checkbox"/> YM/YW 1994-1993	S M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult XL XXL	<input type="checkbox"/> Y <input type="checkbox"/> N Mem. # -----
\$	<input type="checkbox"/>		Birth Certificate Received: <input type="checkbox"/>			

ATHLETE INFORMATION	
First Name :	M.I. Last Name:
Street Address	
City	Zip
Home Phone	Cell Phone
Athlete Date of Birth	Age as of Today
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>

EMERGENCY AND MEDICAL INFORMATION
Emergency Contact Name: _____
Phone Number: _____
Relationship to the Athlete: _____

Medical Information: I do <input type="checkbox"/> do not <input type="checkbox"/> have health insurance Physician Name: _____ Insurance Carrier: _____ Phone Number: _____ Allergies: _____ Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures: Yes <input type="checkbox"/> No <input type="checkbox"/> Is the athlete on medication: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list medication(s): _____

PARENT OR GUARDIAN INFORMATION	
Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> EMS/CPR? _____	First Name: M.I. Last Name:
Street Address	
City	Zip
Work Phone:	Home Phone:
Cell Phone	E-mail address
Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> EMS/CPR? _____	First Name: M.I. Last Name:
Street Address	
City	Zip
Work Phone:	Home Phone:
Cell Phone	E-mail address

WAIVER
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 above 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. Parent or Guardian: _____ Date: _____