



## BULL CITY EXPRESS TRACK CLUB

(PLEASE PRINT)

ATHLETE'S NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City Zip

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_ AGE (*At the END of this Year*) \_\_\_\_

PARENT OR LEGAL GUARDIAN \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

PARENT'S E-MAIL \_\_\_\_\_

ATHLETE'S SCHOOL NAME & CITY \_\_\_\_\_

PREVALENT HEALTH ISSUES \_\_\_\_\_

### EMERGENCY/MEDICAL INFORMATION

#### PERSON OTHER THAN PARENT OR LEGAL GUARDIAN TO NOTIFY IN CASE OF EMERGENCY

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY# \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

- ☐ I agree to allow my child to participate as part of Bull City Express TC, abiding by the rules of conduct.
- ☐ I agree to allow my child to travel with the club and participate in all club-sponsored competitions.
- ☐ I understand Club membership fees are non-refundable after participation in the first practice.
- ☐ I understand that I may withdraw my permission for my child's participation at any time.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ (*If under 18 years of age*)

#### **\*\*STAFF ONLY\*\***

BIRTH CERTIFICATE \_\_\_\_\_ PHYSICAL EXAM \_\_\_\_\_ AGE GROUP \_\_\_\_\_  
USATF# \_\_\_\_\_

#### SPORTS CATEGORY FEE:

OUTDOOR \_\_\_\_\_ INDOOR \_\_\_\_\_ CROSS COUNTRY \_\_\_\_\_

DATE PAID: \_\_\_\_\_