

LIGHTNING TRACK CLUB (LTC)
APPLICATION

(PLEASE PRINT CLEARLY)

Name: _____ Male ___ Female ___

Address: _____

City: _____ Zip: _____

Home Phone #: _____ Other _____

Parents/Guardian name: _____

Occupation: _____

School name _____ Grade: _____

DOB: _____ Age: _____ Height: _____ Weight: _____

How did you hear about our club? _____

Have you ever participated in track and field? When, Where? yes ___ no ___

If yes, explain: (events/times) _____

Why do you want to run?: _____

I will attend practice on: Mon ___ Tues ___ Thurs ___

(we may sometimes hold practice on Wed or Fri. You will be informed)

What other sports do you like? _____

My favorite subject is? _____ Favorite color _____

Does your child (ren) have any health problems? yes ___ no ___

Does your child take any medications? yes ___ no ___

List medications: _____

Explain if yes: _____

Physician's name/phone #: _____

Parent (s) or Guardian: I can volunteer to help with:

___ carpool ___ track meets ___ phone calls ___ team supplies ___ other

Emergency contact: _____

Relationship: _____

Email address: _____

Print clearly

Email address: _____

Print clearly

USATF #: _____ AAU#: _____