

Athlete Registration Form

Athlete

Name: _____

M/F _____ DOB: _____

Street Address: _____

City: _____

State: _____ ZIP: _____ Home

Phone: _____ Cell Phone: _____

School: _____

Grade: _____

Please circle the appropriate size:

T-Shirt: YouthXS YouthSm YouthMed YouthLg AdultSm AdultMed AdultLg
AdultXL Adult2XL

Uniform: YSm YMed YLg WomenSm WomenMed WomenLg WomenXL
MenSm MenMed MenLG MenXL Men2XL

Health Information

Health

Concerns: _____

Any Known Allergies: _____

Parent/Guardian Information

Mother's Name: _____

Cell Phone: _____

Email: _____

Father's Name: _____

Cell Phone: _____

Email: _____

By signing below, I, a prospective member of the Indiana Blast Track Club, agree to abide by the rules of the Blast, USTAF Bylaws, Operating Regulations, and competition rules for my level and category of membership.

X_____

Signature of Parent or Guardian, if athlete is under age 18 Date

Emergency Contact Information

Name:_____

Relationship:_____

Home Phone:_____

Cell Phone:_____

Please circle the event(s) in which you would like to participate:

100M 200M 400M 800M 1500M 3000M 5000M Race/Walk High Jump
Discus Long Jump Shot Put Javelin Hurdles 4x100 4x400 4x800