

# WAZA TRACK CLUB

Athlete Information Sheet  
(Please Print Clearly)

## Athlete Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ AAU# \_\_\_\_\_

Email: \_\_\_\_\_ USATF# \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

## Parent Information

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Day of meet preferred phone: \_\_\_\_\_

## Miscellaneous

Previous athletic experience: \_\_\_\_\_  
\_\_\_\_\_

Previous track/CC experience: \_\_\_\_\_  
\_\_\_\_\_

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

Previous Race Times/PR's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Events if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Training Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs or Health Concerns That Should Be Known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_