

Season: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## WAZA TRACK CLUB

### Athlete Information Sheet

#### ATHLETE INFORMATION:

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

Address, City, State, ZIP: \_\_\_\_\_

Telephone Number (Indicate Cell or Home): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_

Local Newspaper: \_\_\_\_\_

#### PARENT INFORMATION:

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Day of Meet – Preferred Phone – Name & #: \_\_\_\_\_

**Emergency Contact Name & #:** \_\_\_\_\_

Special needs or health concerns that should be known (i.e. allergies, asthma, etc. OR uniform):

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Previous Race Times/PR's:

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Preferred Events (if known):

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Personal Training Objectives:

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