



LIGHTNING SPIKES TRACK CLUB

APPLICATION FORM

NAME OF ATHLETE: _____ DATE OF BIRTH: _____

NAME OF PARENT: _____ PHONE #: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

GRADE: _____ SCHOOL: _____ GPA: _____

E-MAIL ADDRESS: _____

DAY PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

MEDICAL INFORMATION

DOCTOR: _____ CLINIC: _____

CITY: _____ CLINIC PHONE: _____

MEDICAL PROBLEMS: _____

MEDICATION: _____

UNIFORM INFORMATION

Sizes should be noted in XS, S, M, L, XL, 2X, 3X

RUNNING TOP: _____ size RUNNING BOTTOMS: _____ size T- SHIRT: _____ size

WINDSUIT: _____ size

“Chances...Favor...A Prepared Mind”