

LIGHTNING SPIKES TRACK CLUB

APPLICATION

General Information

Athlete's Name: _____ Gender: M / F Birth Date: ___/___/___ Age: _____
circle

Parents Name: Mother: _____ Father: _____

Phone Numbers: _____ / _____
cell / home cell / home

Primary Contact Number: _____ (calling post)

Address: _____ City: _____

State: _____ Zip Code: _____

School: _____ Grade: _____ GPA: _____

E-Mail Address: _____ / _____
primary secondary

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Doctor/Clinic: _____ Phone Number: _____

Medical Concerns: _____

Current Medication: _____

Athlete's Profile

Three Track and Field events the athlete is best suited for and why:

1. _____
2. _____
3. _____

Best Track and Field Accomplishment: _____

“Chances...Favor...A Prepared Mind”