

# EAGLES WINGS TRACK CLUB

## Athlete Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ M/F: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

Does the athlete currently play any other sports?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which sports? \_\_\_\_\_

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ADMINISTRATIVE USE ONLY: DO NOT WRITE BELOW THIS LINE

Fee:	Date Paid:	Method of Payment:
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