



Warren Striders Track Club, Inc.



OFFICIAL MEMBERSHIP APPLICATION FORM (Revised 3-9-03)

USA/TFA # _____

NEW MEMBERSHIP DATA

Athlete's Name: _____ Age _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

School Attending: _____ Grade: _____

Membership: Individual: _____ Family: _____ New: _____ Renewal: _____

Phone: _____ E-Mail Address (for Club Announcements): _____

Birth Certificate one file: Yes _____ No _____ Physical: Yes _____ No _____

Parent (s)/ Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: (other than above)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Best Events: 1. _____ 2. _____

3. _____ 4. _____

Release: In consideration of this acceptance of this membership, I waive for, myself, my heirs, and my assigns, and all claims for damages which I might have against the Warren Striders Track Club, Inc., as a result of any and all injuries which I might be received during any Warren Striders Track Club, Inc., sponsored activity or contest. I authorize the coach of the Warren Striders Track Club, Inc., to make any decisions concerning the health, welfare, and safety including medical treatment for this athlete during my absence. In addition, I agree to follow the rules and regulations set forth by the Warren Striders Track Club, Inc.

Signature (19 older) _____ Date: _____

Parent/ Guardian (18 under) _____ Date: _____