

**THE SPEED ACADEMY ATHLETICS CLUB  
REGISTRATION FORM**

**Membership Type**    (    ) *2019-20 Fall / Indoor*

<b><i>Athlete Personal Information</i></b>	
Name: _____ Address: _____ City: _____ Postal Code: _____ Birth date (dd/mm/yyyy) _____	Home Telephone: _____  Athlete Email: _____ <small>(optional if under 18 years of age)</small>  Cell phone: _____ <small>(optional if under 18 years of age)</small>
<b><i>Family Information (optional if 18 years old or older)</i></b>	
Father/Guardian Name : _____ Cell Phone: _____  Email: Father : _____  Mother/Guardian Name : _____ Cell Phone: _____  Email: Mother : _____ If you telephone my home, please request to speak with my: _____ Other: _____	
<b><i>Emergency Information</i></b> Emergency Contact: _____ Relationship : _____ Telephone: _____	Sickle Cell Trait : YES ___ NO ___ List all allergies/medication: _____  Recent serious injuries: _____  Health Card # _____

**Terms & Conditions of Athlete Contract**

1. Membership fees are non-refundable.
2. Athletes are registered for the season listed above
3. All travel expenses are the responsibility of the Athlete or Parent/Guardian
4. All members are required to support club fundraising activities.
5. All members will abide by the Athletics Canada Code of Conduct.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(If Athlete is under 18 years of age)*