

**THE SPEED ACADEMY ATHLETICS CLUB
REGISTRATION FORM**

Membership Type

() 2017-18 Fall/Indoor

Personal Information

Name _____ Birth date (dd/mm/yyyy) _____

Address _____

City _____ Postal Code _____

Home Telephone _____ Cell Phone (Parent) _____

Athlete Email (optional if under 18 years of age) _____

Family Information (optional if 18 years old or older)

Father/Guardian Name _____ Email _____

Mother/Guardian Name _____ Email _____

If you telephone my home, please request to speak with my: mother__ father__ other _____

Emergency Information

Emergency Contact _____ Relationship _____

Telephone _____ Health Card # _____

Sickle Cell Trait YES _____ NO _____

List all allergies/ medication _____

Recent serious injuries _____

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.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If Athlete is under 18 years of age)