

**THE SPEED ACADEMY ATHLETICS CLUB
REGISTRATION FORM**

Membership Type () 2024-25 Fall/Indoor

Athlete Personal Information	
Name: _____ Address: _____ City: _____ Postal Code: _____ Birth date (dd/mm/yyyy) _____ <input type="checkbox"/>	Home Telephone: _____ Athlete Email: _____ <small>(optional if under 18 years of age)</small> Cell phone: _____ <small>(optional if under 18 years of age)</small>
Family Information (optional if 18 years old or older)	
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: _____	
Emergency Information	
Emergency Contact: _____	Sickle Cell Trait : YES ___ NO ___
Relationship : _____	List all allergies/medication:
Telephone: _____ <input type="checkbox"/>	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)