

# FLYING AJ'S TRACK AND FIELD CLUB

## Youth Registration Form

Sub- Bantam       Bantam       Midget  
 Youth       Intermediate       Young Women & Men (18 on 8/3/09)

Name \_\_\_\_\_ Registration Date \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Cell Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**MEDICAL HISTORY:** If you answer yes to any of the items below, please provide an explanation with dates or treatments.

|                           |   |   |                          |   |   |
|---------------------------|---|---|--------------------------|---|---|
| Asthma                    | Y | N | Surgery in past year     | Y | N |
| Allergies                 | Y | N | History of Heart Murmur  | Y | N |
| Glasses/Contacts          | Y | N | Kidney Disease           | Y | N |
| Fractures in past 2 years | Y | N | Seizures                 | Y | N |
| Braces                    | Y | N | Diabetes                 | Y | N |
| Head Injuries             | Y | N | Current on Tetanus Shots | Y | N |
| Serious Illness           | Y | N | Medications _____        |   |   |
| Joint Injury              | Y | N | Doctor/Phone _____       |   |   |

Explanations \_\_\_\_\_

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**MEDICAL RELEASE**  
 I/We give our permission for any medical emergency treatment necessary during a practice or at a meet including any traveling trips. I/We authorize any hospital and or physician to perform emergency treatment from injuries resulting from a function that the Flying AJ'S attends. This includes transport to and from all functions.

Athletes Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_