

TCTC REGISTRATION SHORT FORM -2011

STAFF ONLY

BIRTH CERTIFICATE _____

PHYSICAL EXAM _____

AGE GROUP _____

USATF# _____

SPORTS CATEGORY FEE:

INDOOR (HS) _____ **INDOOR (Youth)** _____ **OUTDOOR** _____ **CROSS COUNTRY** _____

DATE PAID: _____



**TRIANGLE CHAMPIONS TRACK CLUB (TCTC)
(PRINT LEGIBLY)**

FOR RETURNING ATHLETES FROM 2010 SEASON ONLY

NAME _____ **DATE OF BIRTH** ___/___/___ **AGE** ___ **SEX** ___
Last First Middle

ADDRESS (IF CHANGED SINCE 2010)

_____ Street City Zip

PARENT OR LEGAL GUARDIAN (IF CHANGED SINCE 2010)

TELEPHONE (IF CHANGED SINCE 2010)

(Home) _____ (Work) _____ (Cell) _____

E-Mail (IF CHANGED SINCE 2010)

ATHLETE'S SCHOOL NAME & CITY _____

PRAVELENT HEALTH ISSUES _____

I understand that the above changes are effective as of Outdoor Season of 2011.
I agree that the Emergency Contact, Medical and Medical Emergency Release, Waiver of Liability,
and Recruitment & Internet Permission information stated in the 2010 Registration Packet are
accurate and still remain the same.

I also agree to the Code of Conduct for the Athlete & Parents' Responsibilities for TCTC.

Parent/Guardian's Signature _____ **Date** _____
(If under 18 years of age)