



APPLICATION FORM

Child's last name:		First:	DOB ___/___/___	Sex: M F
Home address:				Apt #:
City:		State:		Zip code:
Cell phone #:	Home #:		E-mail:	
In case of emergency, please contact (list at least two):				
Name:		Relationship:	Phone #:	
Name:		Relationship:	Phone #:	
School:				Grade:
Principal's name:			Phone #:	
School's address:				
Are there any medical conditions in which the Starz Track Club should be aware of that might affect his/her participation? Yes No. If yes, please list....				
1.				
2.				
Was the applicant hospitalized for any reason in the past year? Yes No. If yes, please explain....				
Name of child's health insurance company:				Policy #:
I/We the parent(s)/guardian(s) of the above-named applicant hereby give my/our approval for his/her participation in all of the Starz Track Club activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We also assume all liability for accidents occurring at practice or track events and understand that the Starz Track Club staff and volunteers are covered to the extent and in the amount covered by the child's accident and liability insurance.				
Please have all legally responsible adults in the home sign below...				
Father/Guardian (print):		Signature:		Date:
Mother/Guardian (print):		Signature:		Date:
Please attach a copy of your child's birth certificate and a recent photo. *****				
All information contained in this application will be held strictly confidential and will not be called upon unless an emergency should arise.				
Are there any days of the week in which your child absolutely cannot attend (please check below)?				
Sunday Monday Tuesday Wednesday Thursday Friday Saturday				
If there is anything that you would like us to know about your child, please list them below.				
◇◇◇◇◇ DO NOT WRITE IN THE SPACE BELOW ◇◇◇◇◇				
Membership dues		Birth certificate		Photo
				Medical form