

# Indiana Storm Track Club

## Athlete Registration Form

Athlete Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please circle the appropriate size:**

**T-Shirt:** YouthXS YouthSm YouthMed YouthLg AdultSm AdultMed AdultLg AdultXL Adult2XL

**Uniform:** YSm YMed YLg WomenSm WomenMed WomenLg WomenXL MenSm MenMed MenLG MenXL Men2XL

### Health Insurance Information

Health Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**By signing below, I, a prospective member of the Indiana Storm Track Club, agree to abide by the rules of the Storm, USTAF Bylaws, Operating Regulations, and competition rules for my level and category of membership.**

X \_\_\_\_\_  
Signature of Parent or Guardian, if athlete is under age 18 Date

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please circle the event(s) you would like to participate in:**

100M 200M 400M 800M 1500M 3000M 5000M Race/Walk High Jump Discus Long Jump  
Shot Put Javelin Hurdles 4x100 4x400 4x800 Other: \_\_\_\_\_