

**2019 OXNARD STARS YOUTH TRACK
CLUB MEMBERSHIP APPLICATION (PAGE 1)**

PLEASE PRINT

ATHLETES INFORMATION:						
Last Name	First Name or Nickname	M.I.	Boy/ Girl	Birthdate / /	School Name	Grade
Athletes address		Athletes Phone	# years of experience	# years with USA T&FT	USA T&FT #	
PARENT(S) / GUARDIAN (S) INFORMATION:						
Last Name	First Name	Home Phone Number		Work Phone	Cell Phone	
Address		City		Zip Code	E-Mail	
PARENT VOLUNTEER JOB PREFERENCE (CIRCLE ONE)						
COACH, ASSISTANCE COACH, TIMER, RIBBON TABLE, SNACK BAR, ZONE JUDGE, STAGER, ANNOUCER, LONG JUMP PIT, HIGH JUMP PIT, SHOT PUT						
PARENT NOT IN THE HOME IF APPLICABLE						
Last Name	First Name	Home Phone Number		Work Phone	Cell Phone	
EMERGENCY CONTACT (If parent or guardian is unavailable)						
Last Name	First Name	Home Phone Number		Cell Phone	Relationship	
MEDICAL INFORMATION						
Doctor Name		Address			Phone Number	
Insurance Company		Phone Number	Policy Number		Group ID #	
LIST ANY/ALL CONDITIONS OR LIMITATIONS WHICH MAY AFFECT THE APPLICANT'S ABILITY TO PARTICIPATE IN THIS SPORT:					DATE OF ONSET OR OCCURENCE	
LIST ANY/ALL ALLERGIES TO MEDICATIONS AND REACTIONS					DATE OF LAST TETANUS SHOT	
If your child must be taken to a Medical Facility: THE NEAREST EMERGENCY MEDICAL FACILITY – OR – ONLY TO:						
DO YOU HAVE ANY SPECIFIC INSTRUCTIONS OR REQUESTS FOR THE HANDLING OF YOUR CHILD'S MEDICAL NEEDS?						
		PROOF OF AGE		FEES PAID		
		BIRTH CERT.	RETURNING	CHECK #	CASH	OTHER

