

**ST. LOUIS BLUES TRACK CLUB  
OUTDOOR TRACK REGISTRATION FORM**  
Please submit a copy of the birth certificate along with this form.

ATHLETE'S INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_(h) \_\_\_\_\_(c)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX M F

PARENTAL INFORMATION:

\_\_\_\_\_  
MOTHER/ FATHER /GUARDIAN

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Medical History**

Please mark those you have had or been affected by:

Asthma    Seizures    Headaches    Heat Illness    Fainting    Heart Problems    Diabetes

Have you ever been hospitalized?    Yes    No    Explain: \_\_\_\_\_

Are you currently under medical care or taking any medication?    Yes    No  
Explain: \_\_\_\_\_

Are you currently injured?    Yes    No    Explain: \_\_\_\_\_

Method of treatment: \_\_\_\_\_

Have you had any injuries/illnesses needing physicians care?    Yes    No  
Explain: \_\_\_\_\_

Additional medical info/  
comments: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

I/we have read and completed the application for registration; understand the rules of the St. Louis Blues Track Club of Greater St. Louis and request my son/daughter be admitted into membership. I/we have explained the rules to my child and agree that the St. Louis Blues Track Club will not be held liable or responsible for any accident to my child while engaged in any activity with the club. I/we give the club consent for photographs in which my child may appear, to be used for the good of the club. I/we agree to pay the \$40.00 registration fee and I/we are aware registration fees are non refundable under any circumstances.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE