

SLIPSTREAM TRACK & FIELD

303 CD Williams Rd. Telford, Tn 37690
(423) 742-5004, e-mail: brian@slipstreamtrackclub.com

**Please make checks payable to the
SLIPSTREAM TRACK & FIELD CLUB**

2013 CROSS-COUNTRY MEMBERSHIP

NAME _____	AGE _____	BIRTHDATE _____
STREET ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE NUMBER (____) _____	E-MAIL _____	
2013-14 SCHOOL _____	GRADE _____	
PARENTS NAMES _____		
PARENTS WORK NUMBER _____	EMERGENCY NUMBER _____	
MEMBERSHIP FEES		
FEE \$97	Fee includes club & AAU membership, entry fees to AAU Southeastern & AAU National.	\$ _____
UNIFORM (Jersey \$18)		\$ _____
TOTAL ENCLOSED		\$ _____

PARENT'S AUTHORIZATION (if under 18)

I hereby give permission for my son/daughter listed above to participate as a member of the Slipstream Track & Field Club. I recognize that injuries and even death can and do occur in track & field and cross-country and I release the Slipstream Track & Field Club, its officers, directors and sponsors from liability as a result of his/her participation with the club.

I authorize, in the event that my son/daughter sustains injury or illness while participating in club activities, any emergency medical treatment deemed necessary by licensed medical personnel and give permission for club officials or attending medical personnel to execute permission forms or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

MEMBER'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

_____ DATE _____

**PLEASE COMPLETE BOTH SIDES
ATTACH COPY OF BIRTH CERTIFICATE AND FEES**

Additional Information:

Athlete's Cell Phone _____

Parent's Cell Phone _____

Please list events of interest in track & field and cross-country.

Please circle uniform size

Jersey Youth M L Adult S M L XL XXL XXXL

Short Youth M L Adult S M L XL XXL XXXL

T-Shirt Size _____