

Rancocas Valley Track Club

Athlete's first name:

Athlete's last name:

D.O.B.:

Gender: Male Female

Father's first name:

Father's last name:

Mother's first name:

Mother's last name:

Athlete's Street Address:

City:

State:

Zip:

Home phone:

Cell phone:

E-mail address:

School's name:

Has athlete ever participated in track before? No Yes

If yes what event/s?

Has athlete ever participated in cross country before? No Yes

If yes what event/s?

Indicate session(s):Indoor-\$375/2nd Indoor-\$375/Outdoor-\$220 or Both Indoor/Outdoor-\$550

Current Members:Indoor-\$220/2nd Indoor-\$220/Outdoor-\$120/or 1stIndoor&Outdoor-\$320

Do you wish to join as an: Athlete or Volunteer?

Athlete's Shirt size and Short size.

How did you hear about RVTC? Friend / Newspaper / School / Other:

Waiver: I know that track and field is a potentially dangerous sport, I have chosen to participate under my own free will and will not hold RVTC parents, volunteers or divisional organizations liable for anything that may happen to me as a result of my participation.

Athlete's Signature:

Date:

Parent/Guardian's Signature:

Date:

Send to and Make payment to:Rancocas Valley Track Club, P.O. Box 564, Mt. Holly NJ 08060

Emergency Form

Athlete's full name:

Birth date:

Parent/ Guardian's full name:

Home phone:

Cell phone:

If parent or guardian is not available in an emergency, notify:

1. Name:

Home phone:

Cell phone:

Relationship to athlete:

2. Name:

Home phone:

Cell phone:

Relationship to athlete:

Athlete's physician:

Phone:

Are there any allergies, unique physical, mental, medical, or family conditions/
situations you feel RVTC should know about?

If you child is an asthmatic please make sure they have there inhaler available at all
times.

Parent/Guardian's signature:

Date: