

## VENTURA COUNTY YOUTH TRACK CONFERENCE CLUB MEMBERSHIP APPLICATION

[   ] [   ]  
Age Group

*PLEASE PRINT*

CLUB \_\_\_\_\_

ATHLETE INFORMATION						
LAST NAME	FIRST NAME	M.	M/F	BIRTH DATE  / /	SCHOOL	GRADE
ADDRESS		PHONE		YRS EXPERIENCE	YEARS WITH USATF	USATF # FOR CUR YR
PARENT/GUARDIAN INFORMATION						
LAST NAME	FIRST NAME	HOME PHONE		WORK PHONE	PAGER/ FAX/OTHER PHONE	
HOME ADDRESS		CITY	ZIP CODE		E-MAIL ADDRESS	
PARENT VOLUNTEER JOB PREFERENCES--COACH, TIMER, RIBBON TABLE, ZONE JUDGE, STAGER, STARTER, ANNOUNCER						
(OPTIONAL) PARENT NOT IN THE HOME IF APPLICABLE						
LAST NAME	FIRST NAME	HOME PHONE		WORK PHONE	ADDRESS	
EMERGENCY CONTACT (If parent or guardian is unavailable)						
LAST NAME	FIRST NAME	EMERGENCY PHONE		RELATIONSHIP (Friend - Relative)		
MEDICAL INFORMATION						
DR. NAME	DR. PHONE	PHYSICIAN ADDRESS/LOCATION				
INSURANCE COMPANY	INSURANCE CO. 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 OCCURRENCE OR ONSET	
LIST ANY ALLERGIES TO MEDICATIONS:					DATE OF LAST TETANUS SHOT	
IF YOUR CHILD MUST BE TAKEN TO A MEDICAL FACILITY, PLEASE CIRCLE ONE:						
NEAREST EMERGENCY FACILITY-OR-ONLY TO: _____						
			(FACILITY)	(LOCATION)		
DO YOU HAVE ANY SPECIFIC INSTRUCTIONS OR REQUESTS FOR THE HANDLING OF YOUR CHILD'S MEDICAL NEEDS?						

