

ALL DEPOSITS/FEEES ARE NON-REFUNDABLE

ROUND ROCK STARS TRACK CLUB

3307 Walleye Way
Round Rock, Tx. 78664
Head Coach: Calvin Smith
512-589-4806
Website: <http://eteamz.active.com/RoundRockStarsTC>

OFFICE USE ONLY	
AAU Division: P SB B SM M Y I YM YW	
AMT. PD. Cash/Check # _____	
Balance Due _____	
Uniforms: S M L XL XXL XXX _____	
T Shirt: S M L XL XXL XXXL _____	
Birth Certificate _____	

TRACK & FIELD REGISTRATION FORM (Please Print)

Last Name _____ First _____ MI _____

Age _____ DOB _____ Sex M F Grade _____

Address _____

City/ST _____ Zip: _____ Phone _____

Email _____

Mothers Name _____ Address _____

Work _____ Cell _____

Fathers Name _____ Address _____

Work _____ Cell _____

Emergency Contact _____ Phone _____

Doctor _____ Phone _____

Does the athlete have any medical problems that running track might aggravate YES / NO

If YES, EXPLAIN _____

Does the athlete have asthma? YES / NO IF YES, What Medication? _____

Consent for Participating

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Round Rock Stars TC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with track and in consideration of Round Rock Stars TC. I hereby release, discharge and/or otherwise indemnify Round Rock Stars TC. its affiliated coaches, sponsors, volunteers and associated personnel, including the owners of the outside practice area utilized, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same which transportation I hereby authorize.

Printed Name _____ Signature _____ Date _____

Consent for Medical Treatment

As the parent or legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Printed Name _____ Signature _____ Date _____