MARIETTA TRACK CLUB

Athlete (s) Information :: PLEASE USE NAME ON BIRTH CERTIFICATE.

#1 First Name: _____

Last Name: _____

Age: _____ Date of Birth: _____ Gender **M - F**

Youth- S _____ YM _____ YL _____ XL _____

Adult- S _____AM _____ AL _____ AXL _____

Home Address: _____

City: _____. Zip: _____

#2 First Name: _____

Last Name: _____

Age _____ Date of Birth_____ Gender: M F

Youth- S _____ M _____ L ____ XL _____

Adult- S _____ M _____ L _____ XL _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Athlete: _____ Cell Phone: _____

Email: _____

First Name: _____

Last Name: _____

Relationship to Athlete: _____Cell Phone: _____

Email: _____

Emergency Contact

First Name: _____

Last Name: _____

Relationship to Athlete: _____

PHONE # _____

Medical Information

Primary Care Physician: _____

Allergies: _____

Current Medications: _____

Please list any medical conditions we should be aware of to help your child enjoy the sport.

_____

To the best of my knowledge, there are no physical or other conditions, which will interfere with my Child's participation. I certify that my child has had a medical examination within the last 12 months and, in the physician's opinion, is physically capable of completing the sports or activities for which he/she has registered for.

Signature_____

Registration **$350.00** for the 2026 Summer Track Season **(No Refund) after the 1st week of Practice.**

This fee covers the cost of the – Uniform -T-Shirt, Meet Fees, and Membership

Payment Information **Marietta Track accepts -**

Cash, Money Order, visa, Mastercard,

Cash App- $Mariettatrackclub1

Checks ---- Made payable" Marietta Track Club"

Zelle

http://mariettatrackclub.blogspot.com/ (Website)

***Additional required documentation:**

Please submit a COPY of the athlete Birth Certificate to - mariettatrackclub@gmail.com