

Athlete Registration Form
Albuquerque Athletics Track
Albuquerque Athletics Track [42AA] Subgroup: AG

Last Name: _____ **First Name:** _____ **Middle Name:** _____
Gender: _____ **Birthdate:** _____ **Preferred Name:** _____
Athlete Email: _____ **Athlete Cell:** _____
Competition #: _____

PRIMARY CONTACT INFORMATION

Last Name: _____ **First Name:** _____ **First Name:** _____
Mailing Address: _____
Mailing Address: _____
City/State/Zip: _____
Mail To: _____
Home Phone: _____ **FAX:** _____
Parent 1
Office Phone: _____ **Cell Phone:** _____
Email: _____
Parent 2
Office Phone: _____ **Cell Phone:** _____
Email: _____

SECONDARY CONTACT INFORMATION

Last Name: _____ **First Name:** _____ **First Name:** _____
Mailing Address: _____
Mailing Address: _____
City/State/Zip: _____
Mail To: _____
Home Phone: _____ **FAX:** _____
Parent 1
Office Phone: _____ **Cell Phone:** _____
Email: _____
Parent 2
Office Phone: _____ **Cell Phone:** _____
Email: _____

MEDICAL INFORMATION

Doctor Name: _____ **Doctor Phone:** _____
Emergency Contact: _____ **Emergency Contact Phone:** _____
Medical Condition: _____
Medication: _____
Comments: _____

Date: _____

By signing this form the parent/guardian agrees to abide by the policies, rules and requirements of the governing body.

Parent/Guardian Signature: _____