



2024 Season

Athlete Last Name:		Date of Birth:	
First Name:		Age:	
Email Address:		Sex:	
Address:		Uniform size:	
		Warm Up Size:	
PARENTS INFORMATION:			
Father's Name:		Home Phone:	
Address:		Work Phone:	
Mother's Name:		Home Phone:	
Address:		Work Phone:	
EMERGENCY CONTACT INFORMATION:			
Name:		Home Phone:	
Address:		Work Phone:	
		Cell Phone:	
MEDICAL INFORMATION:			
Doctor's Name:		Phone:	
Date of Last Physical:		Medical #:	
Disabilities (check all that apply)		No Disabilities: Y N	
Sight: Y N	Hearing: Y N	Respiratory: Y N	
Other:		Please Specify:	
Volunteer Opportunities:			
Photographer	Video Taping	Warm-Up Coach	Graphic Designer
Coaching	Fundraising	Media Coordinator	Other:
TEAM FEES		Registration	Amount Enclosed
(All Fees are Non-Refundable)		Club Membership	
(Make Checks Payable to Palmdale Bullets)			
First Child:	\$250.00	Training Only	\$100.00 Per Month
Second Child:	\$240.00	Palmdale Bullets Fundraiser (Mandatory)	\$60.00
Third Child:	\$230.00		
PLEASE READ AND APPROVE			
I hereby acknowledge that the athlete named above has been examined by a physician within one (1) year to compete in athletic activities. I do hereby give my consent for the athlete named above to participate on the Palmdale Bullets Track Club. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against the Palmdale Bullets Track Club, IT'S OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AGENTS, OR IT'S REPRESENTATIVES FROM ANY LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE PALMDALE BULLETS TRACK CLUB, OR FOR WHICH THE PALMDALE BULLETS TRACK CLUB IS A PARTICIPANT.			
I authorize the coaching staff of the Palmdale Bullets Track Team to make any Decisions concerning health, welfare and safety including medical treatment for this athlete During my absence. I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE.			
Signature:		Date:	

NO REFUNDS

Compete in AAU, USATF, VALLEY YOUTH CONFERENCE