



Quicksilver Track Club Inc.
P.O. Box 11169
Atlanta, GA. 30310

For club use only
NEW RENEWAL
DOB Verified? Y N
Age Group _____
Date ___/___/___
USA# _____
Check# _____
Chk Amt \$ _____

ATHLETE REGISTRATION & PARENTAL CONSENT FORM

ATHLETE INFORMATION

Name: _____

Birthdate: ___/___/___ Age: _____ Boy [] Girl []

School: _____ Grade: _____

Address: _____
(STREET) CITY ZIP

Athlete's Email: _____ Home#: _____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Uniform Size: YS YM YL AS AM AL AXL AXXL

PARENT INFORMATION

Parent/Guardian #1 Name: _____ PHONE: _____

Email Address: _____

Parent/Guardian #2 Name: _____ PHONE: _____

Email Address: _____

EMERGENCY INFORMATION

PERSON TO NOTIFY IN CASE OF EMERGENCY OTHER THAN PARENT

NAME: _____ PHONE: _____

RELATIONSHIP: _____ WORK: _____

DO NOT FORGET A BIRTH CERTIFICATE, YOU CANNOT PARTICIPATE WITHOUT ONE!!