

Athlete Registration Form

**Albuquerque Athletics Track Team, Inc. ("AAT") 42-0313 a USA Track & Field ("USATF") member club team.
Albuquerque Athletics Track [42AA] Subgroup: AG**

Last Name: _____ **First Name:** _____ **Middle Name:** _____
Gender: _____ **Birthdate:** _____ **Preferred Name:** _____
Athlete Email: _____ **Athlete Mobile:** _____
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: _____ **Mobile Phone:** _____
Email: _____

Parent 2

Office Phone: _____ **Mobile 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: _____ **Mobile Phone:** _____
Email: _____

Parent 2

Office Phone: _____ **Mobile Phone:** _____
Email: _____

MEDICAL INFORMATION

Doctor Name: _____ **Doctor Phone:** _____
Emergency Contact: _____ **Emergency Contact Phone:** _____

Medical Condition: _____

Medication: _____

Comments: _____

I, for myself, the parent or legal guardian of the athlete if under 18, coach, volunteer, do hereby agree to abide by all AAT team and USATF rules and regulations, save, indemnify and keep harmless, release, waive, discharge AAT its owners, officers, employees, agents, coaches, volunteers, meet officials and authorized guests against all liability, claims, court costs, legal fees, medical expenses, judgments or demands for damage arising out of participation including accidents, injuries, or death of the athlete, coach, volunteer, family members, legal guardians or property. AAT is not responsible for any injuries or death(s) traveling to or from, competing in, or attending any AAT or USATF sanctioned events, practices or meets and is not responsible for any lost or stolen property. It is understood that the athlete, coach, volunteer should seek the advice and approval of their personal physician before participating. I, for myself, the parent or legal guardian of the athlete if under 18, do hereby agree that upon payment to AAT do authorize AAT to purchase a USATF membership and the authority to enter and pay for the athlete into USATF sanctioned developmental, association, regional and national championship meets in each case without any obligation to do so and that I have read, understand and agree to the terms and conditions of a USATF membership and the USATF Participant Waiver and Release of Liability Assumption of Risk and Indemnity Agreement Specific Event Waiver form for Minors (under age 18) and Adults (Age 18 or older) for each sanctioned event.

Parent/Guardian Signature and Date: _____