



**ATHLETE INFORMATION**  
**2019-2020**

ATHLETE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ASTHMA:                    YES/NO                    INHALER:                    YES/NO                    EPIPEN:                    YES/NO

PREVIOUS INJURIES/ILLNESS (that Coaching staff needs to be aware of): \_\_\_\_\_  
\_\_\_\_\_

TRACK AND FIELD EXPERIENCE:                    YES / NO                    How many months/years: \_\_\_\_\_  
(For new athletes)

DESIRED RUNNING/FIELD EVENT:                    100m    200m    400m    800m    1500m    3000m    Hurdles  
(check all that apply)  
   Long Jump                    High Jump                    Shot put                    Turbo JAV  
   Discus    Other: \_\_\_\_\_

CAN PHOTOGRAPHS AND/OR VIDEOS BE TAKEN FOR SOCIAL MEDIA (Facebook, Instagram, Team Website):    YES / NO    Initial: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_