**FLASH FRONT RUNNERS TRACK & FIELD CLUB REGISTRATION FORM (FFRT&FC)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete’s Last Name:** | | | | **First Name:** | | | | **MI:** |
| **Address: APT #:** | | | | | | | | |
| **City:** | | | | **State:** | | | **Zip:** | |
| **Gender:** **( M / F )** | | | **Age Today** | | | **Date of Birth:** | | |
| **USA Citizen? Circle YES or NO** | | | | **If no, country of Citizenship:** | | | | |
| **Cell Number:** | | | | **Home Number:** | | | | |
| **Email:** | | | | | | | | |
| **Current Age: 8 9 10 11 12 13 14 15 16 17 18** | | | | | | | | |
| **Age as of December 31St: 8 9 10 11 12 13 14 15 16 17 18** | | | | | | | | |
| **New to Track and Field: YES / NO** | | | | | | | | |
| **Uniform Size:** | **Shirt:** | **Pants:** | | | | FOR OFFICE USE ONLY: AAU # | | |
| **Parent / Guardian's Name:** | | | | | | | | |
| **LAST:** | | | | | **FIRST:** | | **MI:** | |
| **Address: APT #:** | | | | | | | | |
| **City:** | | | | **State:** | | | **Zip:** | |
| **Emergency Contact #:** | | | | | | | | |
| **Hospital Name:** | | | | | | | | |
| **Doctor's Name:** | | | | | | **Doctors Phone #:** | | |
| **Any medical condition(s) or known Allergies:** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Checks made payable to: FFRT&FC Fee - $260.00 per athlete and will include followings: PayPal made payable to: www.flashfrontrunners.org**  **Cash App made payable to: $FFRTC**  **Zelle made payable to: 210-872-6859**  **A NSF fee of $35 will apply 1. Practice & Developmental Meets thru District Qualifier**  **2. Amateur Athletic Union (AAU) Membership Card**  **NO-REFUND AND NON-TRANSFERABLE IN ANY CAPACITY** | | | | | | | | |
|  | | | | | | | | |
| **Signature:** | | | | | | | | |
| **Printed Name:** | | | | | | | | |
| **FFRT&FC OFFICE USE ONLY** | | | | | | | | |
| **Male / Female / Age** | | | | **PayPal / Cash App / Zelle / Cash / Check / Credit Card / Money Order**  **$260.00 for all online payments** | | | | |
| **Date Fees Paid:** | | | |
| **Amount Paid:** | | | |
| **Balance Paid:** | | | |
| **Signature:** | | | | **Please circle one** | | | | |