



2018 - 2019 Participant Registration

FULL NAME	
STREET ADDRESS	
CITY	
STATE, ZIP	
PARTICIPANT PHONE	
PARTICIPANT EMAIL	
SOCIAL MEDIA/S	
DATE OF BIRTH	

PARENT NAME	
PARENT PHONE	
PARENT E-MAIL	

EMERGENCY CONTACT INFO (IF DIFFERENT THAN PARENT)	
CONDITIONS, INJURIES, AILMENTS	
USATF ID (if applicable)	

T-SHIRT SIZE	
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FOR STAFF ONLY:

T-SHIRT DISTRIBUTED:

JERSEY DISTRIBUTED:

PAYMENT RECEIVED:

ADDED TO WEBSITE:

USATF MEMBERSHIP ESTABLISHED/RENEWED:

USATF NUMBER: _____

AMOUNT DUE/RECEIVED: _____