

KNOXVILLE TRACK CLUB YOUTH ATHLETICS CROSS COUNTRY PROGRAM  
BEARDEN CROSS-COUNTRY TEAM REGISTRATION FORM

ATHLETE'S NAME \_\_\_\_\_ GENDER M [ ] F [ ]

DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_ GRADE \_\_\_\_\_

RUNNING HISTORY \_\_\_\_\_

\_\_\_\_\_

What high school are you zoned for: \_\_\_\_\_

**CONTACT INFORMATION:**

PARENTS NAMES \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-mail address \_\_\_\_\_

EMERGENCY CONTACT (other than parent) \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL HISTORY:**

1. Date of last tetanus shot \_\_\_/\_\_\_/\_\_\_
2. Date of last medical exam/physical \_\_\_/\_\_\_/\_\_\_
3. Allergies? \_\_\_\_\_
4. Current medications? \_\_\_\_\_
5. Asthma Yes/No \_\_\_\_\_ If yes, do you have inhaler? \_\_\_\_\_ What type? \_\_\_\_\_
6. List any medical condition that may limit or modify participation \_\_\_\_\_

In case of medical emergency I give permission to the Knoxville Track Club, its officials or volunteers to take my child to the nearest emergency treatment facility: \_\_\_\_\_

Parent signature