



Palmdale Bullets Track Club
 (323) 644-6742
 2008 Membership Application

Athlete Last Name:		Date of Birth:	
First Name:		Age:	
Email Address:		Sex:	
Address:		Uniform Size:	
		Warm-up Size:	
PARENTS INFORMATION:			
Father's Name:		Home Phone:	
Address:		Work Phone:	
		Cell Phone:	
Mother's Name:		Home Phone:	
Address:		Work Phone:	
		Cell Phone:	
EMERGENCY CONTACT INFORMATION:			
Name:		Home Phone:	
Address:		Work Phone:	
		Cell Phone:	
MEDICAL INFORMATION:			
Doctor's Name:		Phone:	
Date of Last Physical:		Medical #:	
Disabilities (check that all apply)		No Disabilities Y N	
Sight: Y N	Hearing: Y N	Respiratory: Y N	
Other: Y N	Please specify:		
Volunteer Opportunities:			
Photographer	Video Taping	Warm-up Coach	Graphic Designer
Coaching	Fundraising	Media Coordinator	Other:
TEAM FEES		Registration	Amount Enclosed
(All Fees are Non-Refundable)		Club Membership:	
(Make Checks Payable to Eric McDaniel)			
First Child:	\$ 170.00	Training Only:	\$ 100.00
Second Child:	\$ 160.00	Fundraiser Bu	\$ 100.00
Third Child:	\$ 150.00		
PLEASE READ AND APPROVE:			
I hereby acknowledge that the athlete named above has been examined by a			
physician within one (1) year to compete in athletic activities. I do hereby give my			
consent for the above athlete to participate on the Palmdale Bullets Track Club. I			
THE UNDERSIGNED HEARBY WAIVE AND RELEASE any and all claims I may have			
against the Palmdale Bullets Track Club, ITS OFFICERS, DIRECTORS, EMPLOYEES,			
COACHES, AGENTS, OR ITS representatives FROM ANY LIABILITY DUE TO PERSONAL			
INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE PALMDALE BULLETS			
TRACK CLUB, OR FOR WHICH THE PALMDALE BULLETS TRACK CLUB IS A			
PARTICIPANT. I authorizethe coaching staff of the Palmdale Bullets Track Team to			
make any decisions concerning health, welfare and safety including medical			
treatment for this athlete during my absence. I HAVE READ AND UNDERSTAND THE			
ABOVE INFORMATION.			
Signature:		Date:	