



Alpha Elite Track Club Application

Athlete's Name: _____

Date of Birth: _____ Sex: Female Male

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____

Home Phone#: _____ Cell#: _____

Email: _____

Medical Information

Doctor's Name: _____

Insurance Information: _____ Policy #: _____

Emergency Contact (1): _____

Relationship: _____ Phone#: _____

Emergency Contact (2): _____

Relationship: _____ Phone#: _____

Questionnaire :

1. Are there any physical and/or medical ailments that prevent your child from participating in strenuous physical activities? _____

2. Does your child have any respiratory issues? Short of breath, dizziness, irregular heart and/or lung functions etc. _____

3. Is your child taking any medication? Yes No

If yes, please list: _____

4. Has your child been cleared by a medical Doctor to participate in Track & Field events: Yes No

Physical Examination by Doctor required. (Current school year physical acceptable with an EKG)



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5. What is your reason for enrolling your child in Track & Field?

6. Is there any additional information you would like us to know about your child that would help us better coach him or her:

7. What is your child level of confidence on a scale of 1 -10? 10 being the highest and 1 being the lowest:

1- 2- 3- 4- 5- 6- 7- 8- 9- 10-

8. What would you identify as your child's strength and weakness?

Strength: _____

Weakness: _____

9. What are the short-term and long-term goals for your child in Track & Field?

Print Name: _____ Date: _____

Parent/Guardian Signature: _____