



## MEMBERSHIP APPLICATION

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Please complete form electronically, print, sign and submit to Wings Registrar.

### ATHLETE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Previous Club: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
T-Shirt Size:    YS   YM   YL   YXL   AS   AM   AL   AXL   A2X                      Referred By: \_\_\_\_\_

### MEMBERSHIP PROFILE

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:    Male    Female  
Division: \_\_\_\_\_ Birth Certificate:    Submitted    On File  
Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*This signature certifies that the date on the submitted birth certificate is the correct date of birth.*

### PARENT/GUARDIAN CONTACT INFORMATION

**Gurdian #1 Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Gurdian #2 Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACTS

**Emergency Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Doctor's Name:** \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_

### SIGNATURE

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETION OF THIS APPLICATION AUTHORIZES THE WINGS TRACK CLUB TO COMPLETE YOUR USATF and/or AAU MEMBERSHIP CARDS.**

### WINGS ADMINISTRATION

Fees Due: \_\_\_\_\_  
Payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Notes: \_\_\_\_\_