



MEMBERSHIP APPLICATION

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

**ATHLETE INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home \_\_\_\_\_ 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**

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

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

**EMERGENCY CONTACT INFORMATION**

**Emergency Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Medical History (i.e. asthma, sickle cell, diabetes etc.): \_\_\_\_\_  
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: \_\_\_\_\_