



MEMBERSHIP APPLICATION

[www.wingstrackclub.com](http://www.wingstrackclub.com) • @WingsTrack 

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: \_\_\_\_\_

## **THE WINGS TRACK CLUB PARTICIPANT COVID-19 ACKNOWLEDGEMENT & LIABILITY WAIVER**

COVID-19 ACKNOWLEDGEMENT & LIABILITY WAIVER MUST BE COMPLETED TO PARTICIPATE.

The Novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Wings Track Club has put in place preventative measures to reduce the spread of COVID-19; however, the organization cannot guarantee that you or your child(ren) will not become infected with COVID-19 or any other illness. Further, attending clinics, practices and track meets could increase your risk and your child(ren)'s risk of contacting COVID-19 or any other illness.

By Signing this agreement, I acknowledge the contagious nature of COVID-19 or any other illness and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 or any other illness by attending clinics, practices or track meets and that such exposure or infections may result in illness. I understand that the risk of becoming exposed to or infected by COVID-19 or any other illness at any event may result from actions, omissions or negligence of myself or others, including, but not limited to volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness to my child(ren) or myself of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at any event or participation in such events ("Claims"). On my behalf, and behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless The Wings Track Club organization, volunteers and representatives, of and from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of the relating thereto. I understand and agree that this release includes any Claims base on the actions, omissions or negligence of the organization, its volunteers and representatives, whether a COVID-19 infection or any other illness occurs before, during or after participation in any organization programs.

**I acknowledge The Wings Track Club COVID-19 Waiver of Liability; and Give my child permission to participate in The Wings Track Club Clinic, Conditioning & Training.**

---

Athlete's Name

---

Parent's Signature

Date: