Competitive Edge Athletics Track & Field Club

Date:/	e:/ E-mail Address			
Name: First	Middle	L	Last	
Address: Number and Street	City		Zip Code	
Date of Birth:/	Age: Grade	Grade: Sex (M/F):		
Home Phone:	School:			
Emergency Contact	Cell Phone/E	mergency Co	ntact Number	
What running events do you feel that	at you are best at?			
Are there any field events that you f	eel you would be inter	rested in?		
What are your goals in your event(s	Number and Street City State Zip Code			
		plain type of	injury and	
		n?	_ If so, please	
Are you currently exercising?	If so, please exp	lain:		
TO 1 1 1			ogram?	
How did you hear about us?				
Signed:Athlete signa	ture			
parent or guardian (if athlete is under 18)	(Parent or Guar	dian Printed Nar	me)	