



**ST. LOUIS SCORPIONS TRACK CLUB
OUTDOOR TRACK REGISTRATION FORM**
Please submit a copy of the birth certificate along with this form.

ATHLETE'S INFORMATION

NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: _____ (h) _____ (c)

DATE OF BIRTH ____/____/____ SEX M F

PARENTAL INFORMATION:

MOTHER/ FATHER /GUARDIAN

EMERGENCY CONTACT: _____

EMERGENCY PHONE# _____

EMAIL ADDRESS _____

Medical History

Please mark those you have had or been affected by:

Asthma Seizures Headaches Heat Illness Fainting Heart Problems Diabetes

Have you ever been hospitalized? Yes No Explain: _____

Are you currently under medical care or taking any medication? Yes No
Explain: _____

Are you currently injured? Yes No Explain: _____

Method of treatment: _____

Have you had any injuries/illnesses needing physicians care? Yes No
Explain: _____

Additional medical info/
comments: _____

Physician's Name: _____

Physician's Phone: _____

I/we have read and completed the application for registration; understand the rules of the St. Louis Scorpions Track Club of Greater St. Louis and request my son/daughter be admitted into membership. I/we have explained the rules to my child and agree that the St. Louis Scorpions Track Club will not be held liable or responsible for any accident to my child while engaged in any activity with the club. I/we give the club consent for photographs in which my child may appear, to be used for the good of the club. I/we agree to pay the \$40.00 registration fee and I/we are aware registration fees are non refundable under any circumstances.

PARENT/GUARDIAN SIGNATURE

DATE