



Antietam Generals Track Club  
4905 Teen Barnes Road ▪ Frederick, MD 21703  
(301) 473-4336 ▪ [millscotts@comcast.net](mailto:millscotts@comcast.net)  
[www.nofalsestarts.com/Generals.htm](http://www.nofalsestarts.com/Generals.htm)

**2008-2009 SCHOOL YEAR AND SUMMER '09  
YOUTH TRACK & FIELD/CROSS COUNTRY ATHLETIC MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School You Attend: \_\_\_\_\_

Grade Level: \_\_\_\_\_ or Home Schooled? \_\_\_\_\_ Grade Level: \_\_\_\_\_

Other Sports Organizations (club, school, church, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: Please include gymnastics, dance, twirling, music, and cheerleading.)*

**Parents' Name:** *(first & last and both last names if different):*

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

**Parents' Addresses** *(put "same" if the same as yours and list for both parents if different):*

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

**Parents' Phone Numbers** *(write "same" on Dad's line if their #'s are the same):*

Home Mom: \_\_\_\_\_ Home Dad: \_\_\_\_\_

Cell Mom: \_\_\_\_\_ Cell Dad: \_\_\_\_\_

Work Mom: \_\_\_\_\_ Work Dad: \_\_\_\_\_

**Insurance Information**

Medical Insurance Policy Information

Insured Parent: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Plan/Policy #: \_\_\_\_\_



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**Health Information**

Date of Last Physical Exam by M.D., D.O., or Physicians Assistant (must have been done in the 12 month period preceding the application date): \_\_\_\_\_

Examined by: \_\_\_\_\_

*(Please provide address and phone number for person who examined the athlete.)*

**Miscellaneous Information**

This is why I want to be in this club: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I want to participate in these seasons:  Fall  Winter  Spring  Summer

**Parent or Guardian – please send the following with the application form:**

1. Copy of proof of age
2. Copy of proof of insurance
3. Check for \$15.00 for t-shirt *made payable to AGTC* (Antietam Generals Track Club)

**Please sign below:**

I/We waive any liability of the Antietam Generals Track Club or any staff thereof for any injury incurred by my child or children while practicing for or participating in club events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We give permission for my child/children to participate in all scheduled activities of the Antietam Generals Track Club.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We give permission for my child/children to travel in a vehicle driven by another club member parent as needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We I grant permission for my child/children’s name and/or photo to be published on the club website and/or local newspaper.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_