

**BURBANK VIKINGS**  
**TRACK and FIELD**



**REGISTRATION FORM**

Athletes Name: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Phone: (home or cell) \_\_\_\_\_ Email \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: (if different): \_\_\_\_\_

Phone: (home or cell) \_\_\_\_\_ Email \_\_\_\_\_

Did you take part in track and field last year? Yes / No If yes, which team? \_\_\_\_\_

Select Uniform size: Tank Top: \_\_\_\_\_ Shorts: \_\_\_\_\_

(Available Uniform Sizes: YS, YM, YL, AS, AM, AL, AXL)

Select Warm-up size: Jacket: \_\_\_\_\_ Pants: \_\_\_\_\_

(Available Warm-up Sizes: YXS, YS, YM, YL, AS, AM, AL, AXL)

**PARTICIPATION REQUIREMENT - The success of our program depends on everyone's participation. You must sign up for at least one support function by the Parent Meeting.**

\_\_\_\_\_  
**Signature/Date of Parent or Guardian**

**For BV Use Only:**

**Return Check Policy:** if personal check in payment is returned without payment for any reason, the Vikings imposes a \$25.00 charge for returned check to recover processing and collection costs. This charge is based solely on statute, not contract. The Vikings may sue if payment is not received in 30 days.

Division: \_\_\_\_\_

Check List:

- Copy of Birth Certificate
- Medical Release Waiver
- Code of Conduct
- Player Contract