

2010 TRACK AND FIELD INFORMATION SHEET

PLEASE FILL ONE OUT FOR EACH ATHLETE YOU HAVE IN THE PROGRAM

ATHLETE'S NAME _____

GRADE _____

PREFERRED EMAIL ADDRESS' -THIS WILL BE OUR PRIMARY FORM OF CONTACT ABOUT PRACTICES AND MEETS

PHONE NUMBER AND NAME TO CONTACT IN CASE OF EMERGENCY

DOES YOUR ATHLETE HAVE ANY MEDICAL CONDITIONS HAT YOUR TRACK COACH SHOULD BE AWARE OF? (i.e. AN INHALER)

_____NO

_____YES PLEASE EXPLAIN _____

Do you currently have a second grader enrolled at St. Cletus or in St. Cletus Religious ED?

_____NO _____YES