

Lakehead Track & Field/Cross-Country U14, U16, U18 & U20 Registration Form



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|--|----------------|--------------|
| Athlete's Name: | D.O.B.: | Age: |
| Mailing Address: | Email Address: | Cell Phone: |
| Parent or Guardian's Name: | Parent e-mail | Parents Cell |
| Preferred Event(s): (Ex: Sprints, Jumps, Hurdles, Middle Distance, Long Distance, Cross-Country?) | | |
| Emergency Contact (name and number): | | |
| Health Card Number: | | |
| List any allergies/medications/ notable medical history: | | |

