# PA Athletics Registration Form 2022/23

## Name of Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex M/F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/ dd/ yr

Interest: \_\_\_ jumps, \_\_\_ throws, \_\_\_\_ distance, \_\_\_ sprints

Age Classification: (Circle One)

U12 U14 U16 U18 U20 Senior

12 or later 11/10 09/08 07/06 05/04 03 or earlier

Program : RJT \_\_\_\_ Throws/Jumps \_\_\_\_ Regular \_\_\_\_\_\_\_

Sk Health Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Video/Photo Release

I hereby grant to PA Athletics the right to use photograph(s), video(s) or interview quote(s) of me for the purpose of promoting and/or advertising the benefits of sport, and/or sport programs. PA Athletics may attach a picture(s) of me to the website, all without payment of any fee or consideration to me.

**CONSENT FOR MINOR** – I am the parent or legal guardian of the minor named above. I approve and affirm this consent on his/her behalf.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_