

BRAMPTON TRACK CLUB INC REGISTRATION FORM - 2017

			PHONE #:
ADDRESS: CITY:	POSTAL COL	DF.	HEALTH CARD #:
BIRTHDATE:		AGE CLA	SS: AO #:
DAY	MO	YR	
EMERGENCY CONT	ACT PERSON: _	(NAME & RELATIO	PHONE #:
NON-REFUNDABLI	E. (Fee includes regi	IP FEE – Bantam / Mid stration to Athletics On	lget / Youth / Junior / Senior is \$550.00 AND tario, full year training by certified coaches, club awards, and scholarship recommendations.)
*NOTE: Scratched en	ntries must be paid b	by the athlete, unless a n	note from a medical practitioner is provided.
			e athlete. Subsidy for travel & accommodation to s. Only athletes that participate in fund raising w
		-	provide "speed" improvement training for \$100.00 a Competitive Membership at any time during the
		oton Track Club compet es competition singlet a	ition singlet and uniform at track meets is and "T" shirt.
PERMISSION - I giv BTC.	e permission to my	child to take part in all t	track meets and related activities scheduled by the
the Brampton Track C travelling to or from t	Club, I agree to insur hese activities. I agre	e myself/child against a	It to participate in the above mentioned activities of any loss resulting from these activities or from the harmless the Brampton Track Club, and/or its med thereby.
	sary for me/my child	=	l its personnel to provide all the medical care whi and I agree to reimburse the Brampton Track Clu
		ation of being a member Ontario Drug Use and Do	of the BTC, I agree to adhere and support he oping Control Policy.
		-	ck-up prior to rigorous training in track & field. ou have read and agree to all the above.
DATE	SIGNATURE OF	F PARENT/GUARDIAN	SIGNATURE OF ATHLETE
For office use only	: Date:	Amount Paid:	Outstanding:
	Tear at the dot	ted line and keep for fut	ure reference

GENERAL INFORMATION- For any further information or questions concerning the Brampton track Club and its programs visit our web site www.bramptontrackclub.com OR contact **Frank Bucca 905-793-4068**