

New Horizon Track Club
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718 881-2940 (O)
Chris Malcolm (678)230-8889 newhorizontf@yahoo.com
Coach Hutton (646)401-2094 coach_3924@yahoo.com

REGISTRATION FORM

Athlete's Information Sport: **TRACK & FIELD** Uniform Size: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Birth Date: _____ Male: _____ Female: _____

Social Security Number: _____

Parent's / Guardian's Information (Athletes under the age of 18)

Father/Guardian's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Mother/Guardian's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

All registration information will be kept on file and will be used solely for the purpose New Horizon Track Club athlete management. New Horizon Track Club may also use athletes' photos and videos on its website and other methods of promotions.

I _____, the registering athlete, acknowledge that the above information is correct.

SIGNATURE: _____ DATE: _____

Athletes over the age of 18

I _____ the parent/guardian of _____

Acknowledge that the above information is correct.

SIGNATURE: _____ DATE: _____

Parent/Legal Guardian of athlete under the age of 18