

# **473 MVP Track Club**

473 MVP MEMBERSHIP FORM			
MEMBER INFORMATION			
<b>Membership Type:</b>		Athlete	Parent      Sponsor      Supporter
NAME:		SURNAME:	
GENDER: Male      Female		DATE OF BIRTH:	
ADDRESS:			
PHONE:		EMAIL:	
AGE:		MEDICAL CONDITIONS:	
HEIGHT:			
WEIGHT:			
SCHOOL:			
GRADE/FORM:		COVID VACCINATION:    Yes      No	
		DOCTOR'S CLEARANCE TO TRAIN:    Yes      No	
<b>EVENTS</b>	<b>PERSONAL BEST</b>	<b>DATE</b>	<b>MEET &amp; LOCATION</b>
PARENT/GUARDIAN INFORMATION			
MOTHER/GUARDIAN:			
ADDRESS:			
PHONE:		EMAIL:	
FATHER/GUARDIAN:			
ADDRESS:			
PHONE:		EMAIL:	
SIGNATURES OF APPROVAL			
PARENT/GUARDIAN:		DATE:	
ATHLETE:		DATE:	
473 MVP REP.:		DATE:	