



2010 ATHLETICS CANADA/  
ATHLETICS NEW BRUNSWICK  
REGISTRATION FORM



Club: **SAINT JOHN TRACK CLUB**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sex (M or F) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Upon acceptance as a member of Athletics Canada – NB Branch (Athletics New Brunswick) the applicant agrees to abide by the rules and procedures of AC and ANB as approved through rules and regulations.

**SIGNATURE:** \_\_\_\_\_

**FEES:** \$30 ANB/Athletics Canada annual registration (Jan.-Dec. 2010)

+ \$30 Club fee per season

**TOTAL:** \$60

- All registration fees are payable to the Saint John Track Club.
- The club will submit all ANB forms and fees on behalf of athletes.
- Athletes are responsible for their own competitive meet registration fees.

**EMERGENCY CONTACT INFORMATION**

**Parents/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (if different than above):

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

**Athlete's Medical Information**

Medicare # : \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical information we need to know about: \_\_\_\_\_