



ATHLETE'S INFORMATION FORM

Passport Photo	First Name			Last Name		
	Other Given Name(s)			Date of Birth		
	Male	Female	Events	Date/Year first became Athletic Member		
	Home		Cell	Fax		
	Passport Number	Issue Date	Expiry Date	Citizenship		
	US Visa Number	Issue Date	Expiry Date			
Club Name			Registration Number (for Official Use Only)			
Allergies & Other Medical Conditions (if any)			Doctor's Name			
If On Medication Please State						

MAILING ADDRESS: _____

E- MAIL ADDRESS: _____

FOREIGN BASED ATHLETES (WHERE APPLICABLE)

MAILING ADDRESS: _____

E- MAIL ADDRESS: _____

Name of School/Club	Address
	Country
Name of Coach	Phone
	Fax
	Email

Sponsorship (If Any Please State) _____

ACADEMIC (PLEASE TICK THE APPROPRIATE LEVEL OF EDUCATION FOR ATHLETES OVER AGE 16)

PRIMARY
 SECONDARY
 TERTIARY

School(s)	Subjects Attained	Year	Grades

FORM MUST BE SIGNED BY PARENT OR GUARDIAN (if athlete is under 16yrs) OR BY ATHLETE THEMSELVES ACCOMPANIED WITH TWO (2) PASSPORT SIZE PHOTOS.



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BEST PERFORMANCES

YEAR	EVENT	TIME/DISTANCE/HEIGHT	WHERE ATTAINED

UNIFORM

SHOE SIZE	SPIKE SIZE	TRACK SUIT SIZE	BODY SUIT SIZE	VEST SIZE
WAIST	HEIGHT	WEIGHT	SHOULDER SIZE	TIGHTS SIZE
JACKET SIZE	T SHIRT SIZE	SHIRT SIZE	SHIRT SIZE	SHORT PANTS SIZE

ATHLETES UNDER AGE SIXTEEN (16)

FATHER'S FULL NAME			ADDRESS	
HOME CONTACT	WORK CONTACT	FAX	MOBILE CONTACT	EMAIL
SIGNATURE				DATE
MOTHER'S FULL NAME			MOTHER' MAIDEN NAME	
ADDRESS				
HOME CONTACT	WORK CONTACT	FAX	MOBILE CONTACT	EMAIL
SIGNATURE			DATE	

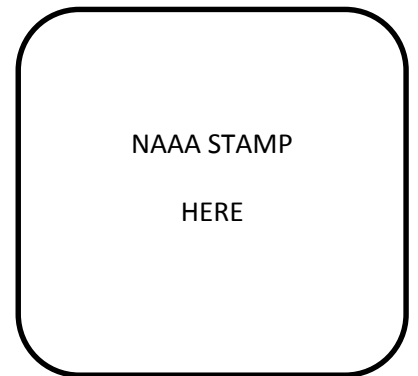
FOR ALL ATHLETES AND CLUB OFFICIALS

ATHLETE SIGNATURE	DATE
CLUB OFFICIAL SIGNATURE	DATE

FOR OFFICIAL USE ONLY

Application Received on: _____

Signature: _____



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 CLUB STAMP HERE (IF ANY)

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