

Double R Fusion Track Club
TRACK AND FIELD REGISTRATION

P. O. Box 6443
Round Rock TX. 78683
Ryan BonHomme 512-779-2644
Toni Brown 512-709-2047
www.double-r-fusiontrackclub.com

DATE: ___/___/___

NAME: _____ AGE _____ DOB ___/___/___

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

EMAIL _____

Does the athlete have any medical conditions?
IF SO, PLEASE EXPLAIN _____

Does the athlete have **asthma**? YES / NO IF YES, Do they have an extra inhaler? _____

Parent/Guardian	Home Phone	Cell Phone	Email Address
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Parent/Guardian	Home Phone	Cell Phone	Email Address
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Emergency Contact	Name	Cell Phone	Home Phone
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Emergency Contact	Name	Cell Phone	Home Phone
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School Attended _____ City _____

Are you currently a member of your school track team __yes __no

~ Below For Office Use Only~.

DEPOSIT PAID AT REGISTRATION: _____ \$ _____
Date Amount ck# Cash

Tuition amount	Discount	Fundraising	Deposits Paid
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Athlete: Returning _____ New _____

Uniform Size: Top _____ Shorts _____ T-shirt _____

Optional: Sweats \$25 _____ Jacket \$25 _____ Duffle Bag \$20 _____ Visors \$10 _____

\$ _____
Amount Due

Double R Fusion TC