



ATNT Performance

Athlete Registration Form

Athlete:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell phone: _____ Email: _____

AAU membership number: _____ AAU club number (WW66CB)

Parent(s)/Guardian(s):

Name: _____ Emergency Contact: Yes () No ()

Address: _____

City: _____ ST: _____ Zip: _____

Cell phone: _____ Email: _____

Name: _____ Emergency Contact Yes () No ()

Address: _____

City: _____ ST: _____ Zip: _____

Cell phone: _____ Email: _____

Non-Parental Emergency Contact:

Name: _____ Cell Phone: _____

Medical Notes: Please list below any allergies, conditions (such as asthma), recent injuries or surgeries, or physical disabilities the athlete has:

NOTE: Athletes' parents are asked to complete the medical release form attached in the event that contacts cannot be reached during an emergency.