

Gold Medal Athletics Registration/Information Form

Use This Form for Same-Family Members Only and Please Print Clearly

Participant's/Name(s): (1) _____

(2) _____

Birth date(s): (1) _____ (2) _____

Parent's Name: _____

Address: _____

City/Zip: _____/_____

Home Phone: # _____

W. Phone: # _____

Pgr./Cell #: _____

Email: _____

Fax#: _____

Does participant(s) have any medical conditions or disabilities? (E.g. Diabetes, bee stings, allergies, takes medication) Yes No If yes, please describe:

How did you hear about us? Store News Ad League Publicity Mailer Referral (please specify) _____

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