



ST. THOMAS LEGION TRACK & FIELD CLUB

Club Membership Application Form

Applicant Information

Name: First: _____

Last: _____

Date of Birth: ____/____/____

Age: _____

Address: Street: _____

Unit: _____

City: _____

Province: _____

Postal Code: _____ - _____

Phone Number: _____ Cell: _____

E-Mail: _____

Health Card #: _____

Uniform Size: X-Small Small Medium Large X-Large XX-Large

Permission to use your photo on our website or other material? Yes No

Emergency Contact Information (Parent or Guardian)

Name: First: _____

Last: _____

Phone Number: _____ Cell: _____

Athlete's Signature: _____

Parent or Guardian Signature: _____