

# MANSFIELD

ATHLETICS

## Pole Vault Club



### 2009/2010 Information Form

Athlete's Name: \_\_\_\_\_

Sex:  Male  Female      Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

USATF Member #: \_\_\_\_\_

School: \_\_\_\_\_

09/10 Grade: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Weight: \_\_\_\_\_ lbs.      Best Competition Vault: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ALL correspondence from Mansfield Athletics will be sent to this email address. Please double check for accuracy!**

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Primary Medical Coverage Company: \_\_\_\_\_

Medical Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

#### OFFICE USE ONLY

Date Received: \_\_\_\_\_

**LIABILITY WAIVER & RELEASE FORM MUST BE SIGNED AND ACCOMPANY THIS FORM  
PLEASE PRINT CLEARLY**