



Information Form

Athlete's Name: _____

Sex: Male Female Age: _____ Date of Birth: _____

USATF Member #: _____

School: _____

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**