

High Schoolers – Preseason with Arizona Cheetahs

Please turn in this form and \$60. **Due Thursday, January 12, 2023.**

Please include a copy of your athlete's birth certificate. Questions please contact azcheetahs@yahoo.com.

Handicapped/Disabled

New USATF Member

Renewing USATF Membership

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Black /African American & White Other Multi-Racial: _____

Male **Female**

Athlete Name: _____ **Age:** _____ **Grade:** _____ **Birth Date:** _____

Address: _____ **School Name:** _____

_____ **Home Phone:** _____

USA Citizen Yes No

If no, country of Citizenship _____

Father's Name: _____ **Mother's Name:** _____

Business Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Email: _____ **Email:** _____

EMERGENCY MEDICAL RELEASE

I give permission for any emergency treatment necessary either on the practice field or on the game field. I authorize any hospital and/or physician to perform emergency treatments from any injuries resulting from any scheduled **ARIZONA CHEETAHS** function including the supervised travel to and from said functions.

Signature of Parent or Guardian