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Email: [stcroixtrackclub@gmail.com](mailto:stcroixtrackclub@gmail.com)

Website: [stcroixtrackclub.com](http://stcroixtrackclub.com)

**Athlete Information: AAJI fee added**

Yearly Fee \$125+\$55  paid

Name: \_\_\_\_\_ Gender (circle one): M / F

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport # / Green Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Phone Number(s):(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Email Address(es): \_\_\_\_\_, \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

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

Phone Number(s): (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Email Address (es): \_\_\_\_\_, \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

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

Phone Number(s): (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Email Address(es): \_\_\_\_\_, \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

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

Phone Number(s): (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

**Medical Information:**

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

Insurance Information: \_\_\_\_\_

Health Concerns (i.e. asthma, sports injury): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian /Athlete Signature*

\_\_\_\_\_  
*Date*

***Developing quality individuals through athletics!***

Athletes must be 18 years or older to sign this document. As an athlete participating with the ST. Croix Track Club Inc., (STXTC), I understand that injuries are possible and therefore hold the volunteers and coaches harmless. I further release the sponsors, coaches, and volunteers from all claims resulting from my participation with the STXTC. I also give permission to the STXTC to use my name and picture in marketing and advertising of the STXTC.