



Athlete's Information Form

FORM MUST BE SIGNED BY PARENT OR GUARDIAN (if athlete is under 16yrs)
ACCOMPANIED WITH TWO (2) PASSPORT SIZE PHOTOS

Passport Photo	First Name			Last Name		
	Other Given Name(s)			Date of Birth		
	Male	Female	Events	Date/Year first became Athletic Member		
	Home		Cell	Fax		
	Passport Number		Issue Date	Expiry Date	Citizenship	
	US Visa Number		Issue Date	Expiry Date		
Club Name			Registration Number (for Official Use Only)			
Allergies & Other Medical Conditions (if any)			Doctor's Name			
If On Medication Please State						

MAILING ADDRESS: _____

E- MAIL ADDRESS: _____

FOREIGN BASED ATHLETES (WHERE APPLICABLE)

MAILING ADDRESS: _____

E- MAIL ADDRESS: _____

Name of School/Club	Address
	Country
Name of Coach	Phone
	Fax
	Email

ATHLETES UNDER AGE SIXTEEN (16)

PARENT/GUARDIAN FULL NAME			
ADDRESS			
HOME CONTACT	WORK CONTACT	CELL1	CELL 2
			EMAIL
SIGNATURE		DATE	

FOR ALL ATHLETES AND CLUB OFFICIALS

ATHLETE SIGNATURE	DATE
CLUB OFFICIAL SIGNATURE/CLUB STAMP	DATE

FOR OFFICIAL USE ONLY

Application Received on: _____

Official Signature: _____

NAAA STAMP
HERE