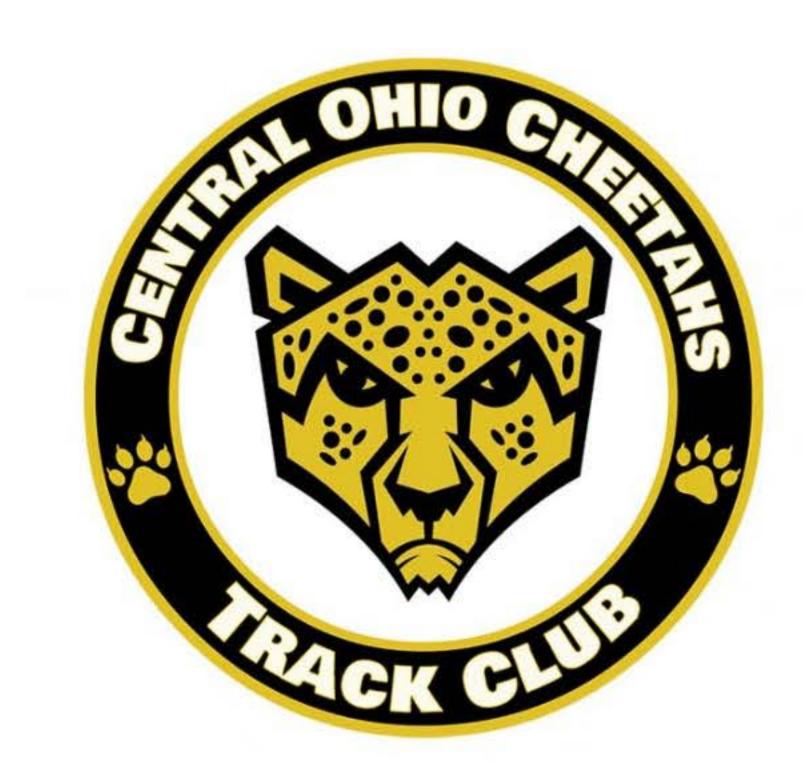
Central Ohio Cheetahs Track Club





Team Registration and Waiver

Athlete Name:	X.		
Email:	25/60		
Age:	[4-5] 	<u>Y-</u>	
Home Address:			
City:	State:		Zip:
Phone:	- 10.	8.	
Any Known Medical Conditions/Past Injuries:	8	-	
		-7	
Medications:			
Any Known Allergies:	2		
Doctor/Physician:	3	Phone:	
Parent Name:	<u>,, </u>	Phone:	
Email:	<u>.</u>		
Emergency Contact:		Relationship:_	
Emergency Contact Phone:			