



Team Elyria Elite TC: Track Club

ATHLETE REGISTRATION & INTAKE FORM

Registration Date: _____

ATHLETE INFORMATION

Athlete's Full Name: _____

Age: _____ Gender (B/G): _____

Date of Birth (DOB): _____

Known Medical Conditions or Allergies:

PARENT / GUARDIAN / RESPONSIBLE ADULT INFORMATION

Adult's Full Name: _____

Relationship to Athlete: _____

Email Address: _____

Cell Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship to Athlete: _____

Emergency Contact Phone: _____



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REGISTRATION & REFUND POLICY

Registration Fees

\$75 registration fee per child.

\$50 registration fee for Child #2 in the same household.

\$25 non-refundable AAU Annual Membership Fee per child.

Payments accepted by Cash App: \$GOJOMAD AND Zelle: Elyria Team Elite

Registration Fee Refund Policy

A 100% refund of the club registration fee is available when a cancellation/refund request is made within one (1) week of the athlete's registration date. After one (1) week, the club registration fee is non-refundable.

AAU Membership Fee

The \$25 AAU Annual Membership Fee is non-refundable, applies to each child, and is subject to AAU Sports refund policies.

The club does not issue refunds for AAU membership fees.

PARENT / GUARDIAN ACKNOWLEDGMENT

I certify that the information provided on this registration form is accurate to the best of my knowledge. I understand that it is my responsibility to notify the club of changes to my child's medical conditions, allergies, emergency contact information, or other information that may affect their safe participation.

I acknowledge that I have read and understand the Registration & Refund Policy, including the applicable registration fee, the one-week refund period for the club registration fee, and the non-refundable \$25 AAU Annual Membership Fee per child.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

CLUB USE ONLY

Registration Received By: _____

Team / Age Group: _____

Registration Fee Paid: \$ _____

AAU Membership: ☐ Confirmed ☐ Pending

Registration Status: ☐ Complete ☐ Pending

Notes:
