

Summer Track and Field Program Application

First Name _____ Last Name _____

Mailing Address: _____

Town _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Are you currently employed: _____

Have you participated in at least one season of Track & Field at the High School Level? _____

If so, which events? _____

Are you CPR certified (please Circle)? YES NO

If under 18, please list age _____

Type of School (please list the name of the school, # of years completed and Major & Degree:

High School _____

College _____

Do you have your driver's license? __ No __ Yes

What is your means of transportation? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Shirt Size (they run small): Please circle one: SMALL MEDIUM LARGE X-LARGE

Are you able to work Monday's and Wednesday's from 4:00 p.m. to 7:00 p.m. _____

Vacation Plans (Dates)? _____

Additional Information you would like to add: _____

Signature: _____ Date: _____
