



Central Virginia Elite **Track and Field**

Building Stronger Students, Stronger Leaders and Stronger Athletes

Participant Name: _____

2015-2016 Grade: _____ Birth Date: _____

Parent/Adult Name: _____

Phone: (H): _____ (C): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Shirt Size (circle one) Youth: M L Adult: S M L XL

Short Size (circle one) Youth: M L Adult: S M L XL

Please present this form and proof of date of birth to the coaches.

Fee is \$80.00 (\$70.00 for each additional sibling)

Make check payable to: Central Virginia Elite Track and Field