

Lone Star Pole Vaulting Athlete Information

Name: _____ Date: _____

Age: _____ Male/Female _____ Date of Birth _____

Height: _____ Weight: _____

School (if applicable): _____

Year(s) Experience Pole Vaulting: _____

Current Personal Best Vault in a Competition: _____

Address: _____

Allergies: _____

Applicable Medical Conditions: _____

Athlete Phone Numbers:

Home: _____ Work: _____ Cell: _____

Athlete Email Address: _____

Parent/Guardian Information (for athletes under Age 18)

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Email:	Email:

Emergency Contact(s):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health Insurance: (Optional - In Case of Emergency)

Company: _____ Group: _____ Policy #: _____

Name of Primary Insured on Policy: _____
