

Team Jet Hawaii • Athlete Registration and Profile

Name: _____

Address: _____

Phones - Home: _____ Work: _____ Mobile: _____

E-Mail Address: _____

Medical Info:

Please list any medical conditions, medications or prior injuries to be aware of:

Medical Insurance Carrier: _____ Policy #: _____

In Case of Emergency

Contact 1: _____ Relationship: _____ Phone: _____

Contact 2: _____ Relationship: _____ Phone: _____

Athletic History:

What has your sports participation been: youth, high school, college, and/or adult?

How many years / months have you been running/swimming/cycling?

Please list any races/events you have recently completed (with times)

Clinic Registering for:

Please mail this form & \$50 check deposit to:

Team Jet Hawaii
595 Hahaione St., #A-202
Honolulu, HI 96825