

# 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 & \$100 check deposit to:

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