

**FUZION ATHLETICS, INC.
MEET REGISTRATION FORM**

Meet Fee: \$30

(Please Print)

Todays Date:		Registration No:	
ATTENDEE INFORMATION			
Attendee Last Name:	First Name:	MI:	Weight:
Address:	City:	State:	Zip:
Birth Date:	Age:	Male or Female:	
Current School Name:	Year in School:	Vault Coach:	Best Vault In a Meet:
Contact Number:	T-Shirt Size: S M L XL XXL		
Any Medical Conditions (asthma, allergies, etc.):			
INSURANCE INFORMATION			
Providers Name:	Policy Number:	Group Number	Copay:
EMERGENCY CONTACT INFORMATION			
Name of Friend/Family Member:	Contact Number:	Relationship To Attendee:	
DATE INFORMATION			
Circle to indicate your preferred date:			
Friday 8th	Saturday 9th	Both Days	
CLASS INFORMATION			
Circle the class you want to jump in:			
High School Girls	High School Boys	College Men	College Women
Open Men	Open Women	Elite Men	Elite Women
SIGN AND DATE			
_____		_____	
<i>Attendee Signature/Parent or Guardian (if under 18 yrs old)</i>		<i>Date</i>	

Make check to :
Jamie Steffen C/O
Apple Valley Pole Vaulting

Mail to
Jamie Steffen/camps
5205 Hummingbird lane
Farmington MN 55024
Questions, Call Jamie 612-987-6147