

Paid \$ ____ Due \$ ___ Full/Partial Ck, Cash, Card Initials ___

Youth Track and Field Registration

(one form per child)

Athlete's Information

First name		Last Name
Date of Birth		Allergies/Current Medication
Age group based on age as of December 31, 2016		Age group (4-6), (7-8), (9-10), (11-12), (13-14) (15-18)
Uniform Size: S(6-8), M(10-12), L(14-16), A	AS, AM, AL	School/County
Events your child is interested in. Please	circle 3 (not includi	ng relays). 2 running and 1 field or 2 field and 1 running
50M (age 4-10), (100m, 200m, 400m, 800	m, 4x100 relay, 4x40	00 relay (age 7-18)), (1600, 3000 (age 9-18)).
Long Jump (standing age 4-14/running age	e 7-18), Softball Thr	ow (age 4-14), Shot put (age 9-18), High Jump (age 11-18)
There is also a 4x50m shuttle relay offered	d for combined gend	ders age 4-6
Parent/Guardian Information		
Name		Name
Mobile Number		Mobile Number
Email		Email
Address		Address
be paid no later than <u>February 10, 2015</u> . T participate in any meets if the fee is not p	The remaining balan	eturning athletes. Partial payment of \$80 (new athletes) must ace is due by <u>February 24, 2015</u> . Your child will not be able to ate. Registration fees are non-refundable or transferable.
Items required		
Running Shoes and 2 copies of your child's	s birth certificate	
Physician/Facility	Preferre	d Hospital
no physical or other conditions which will within 12 months, and in the physician's o including practice and competitions. <u>I have</u>	interfere with my clopinion, is physically	to seek emergency medical care for the above child. There are hild's participation. I certify that my child's medical exam was capable of participating in track and field related activities, es/parental agreement and agree to abide by them.
Parent/Guardian Signature		