



2007 USATF JUNIOR OLYMPIC TRACK & FIELD CHAMPIONSHIPS

Event Entry & Advancement Form

Please type or print legibly

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Email (optional) _____

Full USATF Club Name _____

USATF Club Number **02** - ____/____/____/____/____

USATF Association - **NEW ENGLAND** USATF Region - **ONE (1)**

2007 USATF Memb. No. ____/____/____/____/____/____/____/____/____/____ (Required)

AGE DIVISION

Sex: Male Female

Bantam (Born 1997 and later)

Midget (Born 1995 – 1996)

Youth (Born 1993 – 1994)

Intermediate (Born 1991 – 1992)

Young M/W (Born 1989 – 1990)*

*(See Rule 300.1.c - Includes athletes who are still 18 thru July 29, 2007)

Birth Date ____/____/____

BIRTH DATE VERIFIED**

SEND COMPLETED FORM TO:

USATF New England
PO BOX 1905
Brookline MA 02446-0016

NEW ENGLAND Association Championship, June 16, Fitchburg State College

**S
E
C**

Please list events in which you are going to compete. If Preliminary meets were contested, use time/mark and place. If not, use approximate time/mark for seeding purposes.

	Event	Time/Mark	Place	Event	Time/Mark	Place
1	1) _____	_____	_____	3) _____	_____	_____
	2) _____	_____	_____	4) _____	_____	_____

ENTRY FEES: PRE ENTRY: \$6 first event, \$4 each additional MEET DAY: \$7 first event, \$5 each add'l

Regional Championships – June 29, 30, July 1, Mitchel Field, Hempstead Long Island NY

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C**

Please list events in which you are going to compete: list place and time/mark achieved at the association meet.

	Event	Time/Mark	Place	Event	Time/Mark	Place
2	1) _____	_____	_____	3) _____	_____	_____
	2) _____	_____	_____	4) _____	_____	_____

Combined Events _____ Total Pts _____ Place _____

July 24 – July 29 National Championships Mt. San Antonio College – Walnut, CA

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C**

Entry Fees \$8.00 Indiv. Events, \$32.00 Per Relay, \$24.00 Heptathlon/Decathlon, \$20.00 Triathlon/Pentathlon

Please list events in which you are going to compete: list place and time/mark achieved at the regional meet.

	Event	Time/Mark	Place	Event	Time/Mark	Place
3	1) _____	_____	_____	3) _____	_____	_____
	2) _____	_____	_____	4) _____	_____	_____

Combined Events _____ Total Pts _____ Place _____

Athlete's Release: I voluntarily agree to participate in the 2007 USA Track & Field Junior Olympic Championships and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the 2007 USA Track & Field Junior Olympic Championships, from any cause whatsoever, including the fault or negligence of Releasees (as defined below). I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue USA Track & Field, Inc., the local USATF Association, the Local Organizing Committee, the Facility and Championship Sponsors, their respective officers, directors, employees, agents and volunteers (collectively "Releasees") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the 2007 USA Track & Field Junior Olympic Championships. In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.

By entering this competition, I grant USA Track & Field, Inc. a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.

Signature - **ATHLETE** _____

Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.) _____

ADA request: I am requesting an accommodation for a disability as follows: _____ (visit www.usatf.org/about/legal/policies/ADA.asp for forms and procedures)
 * Please note: All requests for accommodations must be received six weeks prior to the date of competition.

List allergies and current medications: _____

THIS ENTRY FORM MUST BE RETURNED TO THE REGISTRATION AREA BEFORE LEAVING THIS MEET.

**Proof of Age: Verification Stamp (based on Birth Certificate, Certified Baptismal Record, Passport, Driver's License, or United States Government Identification)