



2009 USATF JUNIOR OLYMPIC TRACK & FIELD CHAMPIONSHIPS

Event Entry & Advancement Form

Please type or print legibly

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Email (opt.) _____

Full USATF Club Name _____

USATF Club Number 02 - ___/___/___/

USATF Association NEW ENGLAND USATF Region 1

2009 USATF Memb. No. ___/___/___/___/___/___/___/___/___/___/ (Required)

AGE DIVISION

Sex: Male Female

Bantam (Born 1999 and later)

Midget (Born 1997 – 1998)

Youth (Born 1995 – 1996)

Intermediate (Born 1993 – 1994)

Young M/W (Born 1991 – 1992)*

*(See Rule 300.1.c - Includes athletes who are still 18 thru August 2, 2009)

Birth Date ___/___/___

BIRTH DATE VERIFIED**

SEND COMPLETED FORM TO:

USATF New England
PO Box 1905
Brookline MA 02446-0016

S E C Association Championship – June 20, Fitchburg St. College FEE: Pre: \$6 for 1st event, \$4 each additional At Meet: \$7 first, \$5 addl
Fee per individual event. No fee for relay teams or relay runners at NE meet MORE INFO AT www.usatfne.org/track

Please list events in which you are going to compete. Use approximate time/mark for seeding purposes.

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

Combined Events _____ Total Pts _____ Place _____

S E C Regional Championships – June 26, 27, 28 Fitchburg St. College. FEE: \$7 per event, \$15 Tri/Pentathlon, \$20 Hept/Decathlon
Must enter Region I meet before leaving NE meet.

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 _____

S E C July 28 – August 2 National Championships Irwin Belk Track– Greensboro, NC
Entry Fees \$8.00 for each Individual Event, \$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 2009 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 2009 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, Fitchburg State College, 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 2009 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.

Athletes who participate in this competition may be subject to drug testing. Visit the competition's Athlete Information page (www.usatf.org/events/2009/USATFJuniorOlympicTFChampionships) for more information.

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)