

Oklahoma Jaguars



Pick'em Up and Put'em Down Classic

Saturday, June 13th, 2009 Entry deadline: June 10th, 2009

East Central High School - 12150 E. 11th, Tulsa, OK

Start Time: 8:00 A.M.

PREREGISTRATION IS REQUIRED
ENTRIES MUST BE RECEIVED BY JUNE 10TH 12:00 A.M.

All Throwers and Pole Vault athletes must provide their own implement

Entry Fee: Youth - \$8.00 up to 4 events Open/Masters - \$10.00 up to 3 events each additional event \$3.00. Maximum allowable number of events per age group: Bantam - Midget: 3; Youth - Young Men/WM: 4; Open/Masters: Unlimited

NAME: _____ SEX: ____ DOB: ____/____/____

ADDRESS: _____ CITY: _____ ST: ____

ZIP: _____ PHONE:(____) _____ - _____ EMAIL: _____

TEAM: _____ USATF#: _____

AGE GROUPS: PRIMARY BANTAM MIDGET YOUTH
 INTERMEDIATE YOUNG MN/WM OPEN MASTERS

EVENTS: _____

TOTAL FEE ENCLOSED: \$_____

Make checks payable to: Oklahoma Jaguars Track Club

Mail registration form and check to Oklahoma Jaguars 448 E. Latimer St, Tulsa, Ok. 74106

Visit website: www.oklahomajaguars.com

Release Form

Athletes'/Parents' Release: I voluntarily agree to participate in the above said Oklahoma Jaguars USATFOK Junior Olympic track and field meet, as evidence by submission of this registration form, along with my signature below. I, for myself, my heirs, personal and or professional representatives, agents and or assigns do hereby release the National Association of USATF, the Oklahoma Association of USATF, East Central High School, Oklahoma Jaguars track club and staff, Tulsa Public Schools, and all other agents, affiliates, representatives, officers, volunteers, officials, employees, participants, and sponsors in association with said event from any and all liability that may result from my participation and or competition in said event, including but not limited to: accident, injury, death, loss or damage of property. I also agree that in the event of my need for medical attention, in which case I am unable to consciously and coherently respond or make a decision regarding treatment for myself, and or family members, friends or another representative is not present or is unable to be contacted; I authorize the administration of emergency medical treatment, medication and or hospitalization if necessary.

Athlete/Parent Signature

Date