



Event Entry Form 2002 USATF JUNIOR OLYMPICS CHAMPIONSHIPS

Please print

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Full USATF Club Name _____

USATF Association _____ USATF Region _____

2002 USATF Memb.No. ____/____/____/____/____/____/____/____/____/____/____ (Required)

AGE DIVISION
Sex: Male Female

Bantam (Born 1992 and later)
 Midget (Born 1990 - 1991)
 Youth (Born 1988 - 1989)
 Intermediate (Born 1986 - 1987)
 Young M/W (Born 1984 - 1985)

Birth Date ____/____/____
BIRTH DATE VERIFIED**

Association Championships

Please list events in which you are actually going to compete in the association meet.

SECT	Event	Event
1	1) _____	3) _____
	2) _____	4) _____

Combined Events

Regional Championships

Please list events in which you are actually going to compete in: list place, time, distance/height achieved at the association/state meet.

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

Combined Events

National Championships

Entry Fees \$6.00 Indiv. Events, \$24.00 Per Relay, \$20.00 Heptathlon/Decathlon, \$10.00 Triathlon/Pentathlon

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

Combined Events

Athlete's Release: In consideration of your acceptance of my entry into the USA Track & Field Junior Olympics Championships, I voluntarily agree to participate in the 2002 USA Track & Field Junior Olympics Championships and knowingly assume any and all risk of loss, damage, property loss, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the USA Track & Field Junior Olympics Championships, from any cause whatsoever. 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 and the owner or lessee of any facility in which the USA Track & Field Junior Olympics Championships are held (collectively "Releases") 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 Championships. I/we grant permission to the Meet Directors or their designee or the assigned Chaperones of any USA Track & Field Junior Olympics Championship, competition or program to act as guardian/spokesman with full authorization and power to authorize emergency medical treatment, including hospitalization and anesthesia, if medically necessary, for my/our son or daughter while in route to/from or at the site of the USA Track & Field Junior Olympics Championship, competition or program. I/we understand that should a health emergency arise, I/we will be notified but if we cannot be reached by phone such medical treatment as is deemed necessary by medical personnel under the circumstances presented is hereby expressly authorized.

Signature - ATHLETE

Telephone: (_____) _____

List allergies and current medications: _____

Signature - PARENT / GUARDIAN

(Must be signed if athlete is under 18 years of age.)

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

**Proof of Age: Verification Stamp (based on Birth Certificate, Certified Baptismal Record, Passport, Driver's License, or U.S. Military Identification)