



# Event Entry Form 2004 USATF JUNIOR OLYMPIC CHAMPIONSHIPS

Please print

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full USATF Club Name \_\_\_\_\_

USATF Club Number \_/\_/\_ - \_/\_/\_/\_/\_

USATF Association \_\_\_\_\_ USATF Region \_\_\_\_\_

**AGE DIVISION**  
Sex:  Male  Female

Bantam (Born 1994 and later)  
 Midget (Born 1992 - 1993)  
 Youth (Born 1990 - 1991)  
 Intermediate (Born 1988 - 1989)  
 Young M/W (Born 1986 - 1987)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**BIRTH DATE VERIFIED\*\***

2004 USATF Memb.No. \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_ (Required)

### Association Championships

S  
E  
C

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

**Event**

**Event**

1

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

**Combined Events** \_\_\_\_\_

### Regional Championships

S  
E  
C

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

**Event**

**Time/Mark**

**Place**

**Event**

**Time/Mark**

**Place**

2

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

**Combined Events** \_\_\_\_\_

### National Championships

S  
E  
C

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

**Event**

**Time/Mark**

**Place**

**Event**

**Time/Mark**

**Place**

3

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

**Combined Events** \_\_\_\_\_

Athlete's Release: In consideration of your acceptance of my entry into the USA Track & Field Junior Olympic Championships, I voluntarily agree to participate in the 2004 USA Track & Field Junior Olympic 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 Olympic 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 Olympic 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 Olympic Championships, 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 Olympic Championships, 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 \_\_\_\_\_

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

Telephone: \_\_\_\_\_

By entering this competition, I grant USA Track & Field the right 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 for the purposes of advertising or promoting the sport of Athletics.

Signature - ATHLETE \_\_\_\_\_

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

List allergies and current medications: \_\_\_\_\_

**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)