

2019 Needham Youth Track Club Summer Program Registration

- Instructions: 1. **Register online at *www.needhamsummertrack.org***
 2a. Or complete registration below (use additional form for >2 children) - photocopy OK
 2b. Write a check to **NEEDHAM YOUTH TRACK CLUB** (\$189 per child, family max - \$519)
Early Bird Rate – received by April 1, 2019 - \$169 per children, family max - \$465
 2c. Send to: Needham Youth Track Club
 53 Coulton Park
 Needham MA 02492 **Partial refund if you cancel by 6/25**

Child #1

Child #2

First Name
 (First name as it will appear on T-shirt)

First Name
 (First name as it will appear on T-shirt)

Last Name
 Last Name

Last Name
 Last Name

Age as of July 1, 2019 _____

Age as of July 1, 2019 _____

Birth Date _____

Birth Date _____

Gender ____ *Children born 2013 & before meet 6:30-7:45*

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Child born 2014-15? If so, pick a session below
 5:30-6:30 pm **6:45-7:45 pm**

Child born 2014-15? If so, pick a session below
 5:30-6:30 pm **6:45-7:45 pm**

Child born 6/08-6/10? If so, pick a session below
 Young Runners (default – with age 9-10)
 Cyclone (with age 11-14)

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 Young Runners (default – with age 9-10)
 Cyclone (with age 11-14)

Check T-shirt size: Child's 14-16
 Child's 2-4 Small Adult
 Child's 6-8 Medium Adult
 Child's 10-12 Large Adult

Check T-shirt size: Child's 14-16
 Child's 2-4 Small Adult
 Child's 6-8 Medium Adult
 Child's 10-12 Large Adult

Parent Names _____ Home Phone _____

Address _____ Cell/Other Phone _____

IMPORTANT: Include E-mail below

Town _____ Zip _____ Email _____

INJURY WAIVER: I absolve the Town of Needham, USATF, the NEEDHAM YOUTH TRACK CLUB and all town and CLUB coaches, officials, and members from liability and will not hold them responsible for injury to my children, me, my family, or any guests I sponsor. This includes, but is not limited to, collisions and interactions among children and adults, injuries due to contact with the facilities or equipment, or to weather conditions. I give approval to my family's participation in the Summer Program. All family participants are in sound medical condition for on-field activities. I understand medical insurance is not provided. My signature authorizes the use, without compensation or any further consideration for any photographic product (picture, film, or video) generated at this program or associated meets.

SIGNED _____ Date _____

Can you volunteer to help at the **Youth Classic** on Sat, July 20, 2019? YES ___ NO ___ Tell Me More ___

How did you hear about this program? Previously involved with NYTC Word of Mouth
 Website Brochure Poster Email Other _____