

2021 Needham Youth Track Club Summer Program Registration

NOTE: You can register online at www.needhamsummertrack.org

To register by mail, write a check to **NEEDHAM YOUTH TRACK CLUB.**

Fee: \$218 – per child (for season) includes T-shirt (maximum family charge - \$625)

Early Bird Rate (Register by 4/1/21): \$199 / child (family max \$585)

Send payment to: Needham Youth Track Club, 53 Coulton Park, Needham MA 02492

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

Age as of July 1, 2021 _____

Age as of July 1, 2021 _____

Birth Date _____ Gender _____

Birth Date _____ Gender _____

Pick a Session Time below:

5:20/5:30 - 6:25/6:35 pm 6:50/6:55 – 7:55/8pm

Pick a Session below:

5:30/5:35 - 6:30/6:35 pm 6:55/7:00 - 8/8:05pm

Age 7-14 Pick a preferred group: Distance (running only)

Sprint (w/ field events) Distance (w/ field events)

Age 7-14 Pick a preferred group: Distance (running only)

Sprint (w/ field events) Distance (w/ field events)

Small Group Assignment Preference (if any) _____

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 _____

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