

2023 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: \$199 – per child (for season) includes T-shirt (maximum family charge - \$550)

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

Child #1

First Name

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

Last Name

Age as of July 1, 2023 _____

Birth Date _____ Gender _____

Pick a Session Time below: (1st time – age 3.5-6, 2nd time – age 7-14)

5:10/5:15 - 6:10/6:20 pm 6:30/6:40 – 7:30/7:45 pm

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

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

Any teammate request? _____

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

Child #2

First Name

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

Last Name

Age as of July 1, 2023 _____

Birth Date _____ Gender _____

Pick a Session Time below: (1st time – age 3.5-6, 2nd time – age 7-14)

5:10/5:15 - 6:10/6:20 pm 6:30/6:40 – 7:30/7:45 pm

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

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

Any teammate request? _____

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

I have read the Concussion Protocol fact sheets for Parents and Athlete and shared them with my children Yes
(located on www.needhamtrack.org - click on Summer Track, then click on Concussion Protocol)

Have you been in a previous NYTC program? Yes No, we are new to NYTC

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 Other _____