## \*\*2024 NYTC Fall Track / Cross Country Program Registration Form\*\*

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

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

Fee: \$189 – per child (for season) includes T-shirt (maximum family charge - \$499)

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

Child #1	Troumain Tourn Truck Off	Child #2	(00dHaiii 1/11 1 02 1 ) 2
First Name		First Name [ [	
Above Name will appear on T-shirt		Above Name will appear on T-shirt	
Last Name		Last Name	
Birth Date	Gender	Birth Date	Gender
Check T-shirt size:	☐ Child's 14-16	Check T-shirt size:	☐ Child's 14-16
☐ Child's 2-4	☐ Small Adult	☐ Child's 2-4	☐ Small Adult
☐ Child's 6-8	☐ Medium Adult	☐ Child's 6-8	☐ Medium Adult
☐ Child's 10-12	☐ Large Adult	☐ Child's 10-12	☐ Large Adult
☐ No shirt if same team & size as Spring Track		☐ No shirt if same team & size as Spring Track	
<b>Desired Session:</b>	9:15 – 10:20 am	OR 10:	40 – 11:45 am
Pick a preferred group: □ Age 5-6 OR Age 7-14: □ Cross Country (distance) OR Age 7-14: □ Sprint (short distance)		Pick a preferred group: □ Age 5-6 OR Age 7-14: □ Cross Country (distance) OR Age 7-14: □ Sprint (short distance)	
Teammate Request		Teammate Request	
Parent Names		Home Phone	
Address		Cell/Other Phone IMPORTANT: Include E-mail below	
Town	Zip_		
INJURY WAIVER TOWN OF NEEDHAM responsible for injury t to, collisions and intera or to weather condition participants are in soun provided. My signature	: I absolve the NEEDHAM YO M and all coaches, officials, and o my children, me, my family, o	UTH TRACK CLUB, U members from liability at any guests I sponsor. Its, injuries due to contact s participation in the Fall activities. I understand appensation or any further	SATF, USATF-NE, and the and will not hold them This includes, but is not limited with the facilities or equipment, I Program. All family medical insurance is not consideration for any
SIGNED			Date
	bout this program? ☐ Prev Brochure ☐ Poster ☐ Em	<u> </u>	TC