Nittany Track & Field ▪ Summer 2017

Athlete Registration (fill one form per athlete)

Check athlete's age

	Age group	Practice Days	Fees
☐	Sub-Bantam (born 2009-2010)	Mon, Thu	$35
☐	Bantam (born 2007-2008)	Mon, Tue, Wed, Thu	$70 ($50 sibling)
☐	Midget (born 2005-2006)	Mon, Tue, Wed, Thu	$70 ($50 sibling)
☐	Youth (born 2003-2004 and older)	Mon, Tue, Wed, Thu	$70 ($50 sibling)

Make checks payable to *Nittany Track and Field*. Sibling discount does not apply to sub-bantam group.

Athlete's Information:

Name: _____
First MI Last

Sex: M ___ F___ Birth Date: _____
mm/dd/yy

Address: _____
Street

_____
City Zip Code

Parent / Guardian contact:

_____

E-mail address: _____

Phone : _____

Emergency contact:

Name: _____

Relationship to child_____

Telephone Number_____

Allergies / Other issues to be aware of :

_____

Athlete T-shirt size (circle one):

YS YM YL S M L XL

USATF Membership #: _____

All NTF athletes are required to have USATF membership to join practice. Use club code **147** to affiliate with NTF

You can get USATF membership online:
https://www.usatf.org/membership/application/index.asp

Nittany Track & Field (NTF) Registration Agreement Waiver:

I hereby agree to indemnify and hold harmless Nittany Track & Field, as well as its coaches, officers, organizers, and/or assigns from any claims or demands made by any third party, to include my child or ward due to or arising out of my child or ward's participation in NTF programs or events. In submitting this entry, I waive, release, and forever discharge NTF from any injuries, losses, or other damages suffered by my child or ward while traveling to or participating in NTF programs or events. I acknowledge that participation in NTF programs or events poses risks for my child or ward and represent that my child or ward is physically able to participate in aforesaid programs. I hereby authorize my child or ward to be treated by a licensed physician, EMT, registered nurse, or athletic trainer if necessary while participating in NTF programs or events. I understand that my child or ward may be photographed while participating in NTF events and agree to allow such photos to be used for legitimate purpose.

Signature of Parent/Guardian:

_____Date _____

Mail form to Nittany T&F (c/o Mark Fedkin), 2400 Park Center Blvd., State College PA 16801