

Nittany Track & Field ■ Summer 2018

Athlete Registration (fill one form per athlete)

↓ Check athlete's age

	Age group	Practice Days	Fees
<input type="checkbox"/>	Sub-Bantam (born 2010-2011)	Tue, Thu	\$35
<input type="checkbox"/>	Bantam (born 2008-2009)	Mon, Tue, Wed, Thu	\$70 (\$50 sibling)
<input type="checkbox"/>	Midget (born 2006-2007)	Mon, Tue, Wed, Thu	\$70 (\$50 sibling)
<input type="checkbox"/>	Youth (born 2004-2005 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

Athlete T-shirt size (circle one):

YS YM YL S M L XL

(Note: T-shirts tend to run big so pick a smaller size)

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>

Parent / Guardian contact:

E-mail address: _____

Phone : _____

Emergency contact:

Name: _____

Relationship to child _____

Telephone Number _____

Allergies / Other issues to be aware of :

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 Tony Kwasnica), 881 Teaberry Ln., State College PA 16803