

# Nittany Track & Field ■ Fall Cross Country 2014

## Athlete Registration

Please complete this form and return with registration fee to:

**Nittany Track & Field (c/o Mark Fedkin)**  
**2400 Park Center Blvd., State College,**  
**PA 16801, 876-0461, [ntfxc@verizon.net](mailto:ntfxc@verizon.net)**

Fees: \$60 – single athlete  
\$40 – each next child in a family

### Athlete's Information:

Name: \_\_\_\_\_  
First MI Last

Sex: M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_  
mm/dd/yy

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code

Name of Parent/Guardian:

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone ##: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Athlete T-shirt size (circle one):

YM YL S M L XL XXL

*Would you be interested to be part of NTF travel team for AAU District Championship in Monrovia, Maryland, on November 2, 2014?  
(5 to 8 runners per age group)*

Yes Maybe No

### 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 Signed: \_\_\_\_\_

### Emergency contacts:

In case of an emergency and a parent or guardian is unavailable, please contact:

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Family Physician

\_\_\_\_\_

Office telephone number

\_\_\_\_\_

Please list any allergies or special information about your child the coaching staff and/or a physician should be aware of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy of this form and more info are available at  
[www.ntfxc.com](http://www.ntfxc.com)