

Nittany Track & Field ■ Fall Cross Country 2015

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, ntfxc.club@gmail.com

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

NEW this year - 2015 USATF Membership is required for all athletes participating the NTF cross country practice.

You can get it online via
<https://www.usatf.org/membership/application/index.asp>
 Please use club code **08-0147** to affiliate with our club

Input your USATF # here

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 / phone

Please list any allergies or special conditions 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