

# Nittany Track & Field ■ Fall 2018 Cross Country

Athlete Registration (fill one form per athlete)

Registration fees for Fall 2018:  
\$70 per season - single athlete  
\$50 per season - second child in family

Make checks payable to *Nittany Track and Field*.

## 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

Name printed on the back (optional): \_\_\_\_\_

## 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>

NOTE: if you already have USATF membership from summer track, just input your number above

## 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 this form and check to Nittany T&F (c/o Tony Kwasnica), 881 Teaberry Ln., State College PA 16803