Nittany Track & Field ▪ Summer 2013

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

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

Athlete AAU # _____
AAU membership is required for participation. It can be obtained from www.aauathletics.org/Membership
Please use club code: **XTF7D3**

Note: Athletes who participated in the Fall 2012 Cross Country already have AAU # on file with NTF and do not need this step.

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