

NEW HAVEN YOUTH TRACK CLASSIC



For Youth 7-16 years of Age

Saturday, January 27, 2007

**Yale University Cox Cage
Banked Mondo Track
76 Derby Avenue
New Haven, CT 06515**



**Sponsored by:
New Haven Age Group Track Club**

AAU Sanctioned Track Meet

Packet pick up - 9:30 am

Meet Starts: 10:30 am

Concession Stand, Vendors, and T-shirts

For More information call:

Nancy Sims – (203)-228-8691 or Major Ruth – (203)-430-9456

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Yale University Cox Cage – Banked Mondo Track
76 Derby Avenue, New Haven, CT 06515
Sponsored by: New Haven Age Group Track Club

PRE-REGISTRATION ONLY!

Entries must be postmarked by: **Monday, January 22, 2007**

Packet pick up and check-in begins at **9:30 a.m.** . Meet begins at **10:30 a.m.**

Meet Director: Major Ruth

Sanction – Amateur Athletic Union (AAU)

Divisions: **SB-** Sub-Bantam 7-8 (1999-2000), **B-**Bantam 9-10 (1997-1998), **M-Midget** 11-12 (1995-1996),
(Year of Birth) **Y-**Youth 13-14 (1993-1994), **I-**Intermediate 15-16 (1991-1992)

Entry Fee: \$8.00 per athlete, \$5.00 for CT-AAU members. **Relay Fee:** \$16.00 per team

Entry Limit: 3 events including relay per athlete

Events: **55m, 200m, 1500m, 400m, 800m, Sprint Medley, Long Jump, Shot Put**

Awards: 1st-3rd place Medals and 4-6th place ribbons

Relays: All team members must be same sex and age division. Relay form must be submitted.

Return the form below with payment in the form of Cashier's Check or Money Order made payable to New Haven Age Group Track Club, c/o Nancy Sims, 55 Brooklawn Circle, New Haven, CT 06515

Full Name: _____ **Sex:** () M () F

Address _____

Brithdate _____ **Phone:** _____ **E-mail** _____

Affiliation: () Unattached () Name of Track Club _____

AAU # _____

Age Group: () Sub-Bantam () Bantam () Midget () Youth () Intermediate

Event 1 _____ **Event 2** _____ **Event 3** _____

Athlete's Release: In consideration of your acceptance of my entry into the New Haven Youth Track Classics Meet, I voluntarily agree to participate in the New Haven Youth Track Classics Meet and knowingly assume any and all risk of loss, damage, property loss, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the New Haven Youth Track Classics Meet, from any cause whatsoever. I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue Amateur Athletic Union, (AAU), the Amateur Athletic Union Connecticut Association, Yale University, and the New Haven Age Group Track Club, (collectively "Releases") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the New Haven Youth Track Classics Meet. I/we grant permission to the Meet Directors or their designee to act as guardian/spokesman with full authorization and power to authorize emergency medical treatment including hospitalization and anesthesia, if medically necessary, for my/our son or daughter while at the site of the New Haven Youth Track Classics Meet. I/we understand that should a health emergency arise, I/we will be notified but if I/we cannot be reached by phone such medical treatment as is deemed necessary by medical personnel under the circumstances presented is hereby expressly authorized.

Signature – ATHLETE _____

Signature – PARENT/GUARDIAN (Coach can not sign in place of parent/guardian) _____

Emergency Cell Phone # _____

List all allergies and current medications:

NEW HAVEN YOUTH WINTER CLASSIC

RELAY ENTRY FORM

Name of Club _____

Event	Age Division	Sex	Athletes
			1
			2
			3
			4
			1
			2
			3
			4
			1
			2
			3
			4
			1
			2
			3
			4