## 2007 AAU-NEW JERSEY DISTRICT YOUTH TRACK AND FIELD CHAMPIONSHIPS

	mulviduai Event Entry And Walver Form	AGE GROUP
	Please print	
	Last Name First	SEX: 🗖 MALE 🗌 FEMALE
	Address	Primary (born 1999 or later)
		<ul><li>Sub-Bantam (Born 1998)</li><li>Bantam (Born 1997)</li></ul>
	City State Zip	<ul> <li>Sub-Midget (Born 1996)</li> </ul>
	Full AAU Club Name	<ul> <li>Midget (Born 1995)</li> </ul>
		• Sub-Youth (Born 1994)
	AAU Club Number///////////_	<ul> <li>Youth (Born 1993)</li> <li>Intermediate (Born 1991 - 1992)</li> </ul>
	AAU District (05) NEW JERSEY AAU Region I	<ul> <li>Young M/W (Born 1989 - 1990)*</li> </ul>
		Birth Date//
	2007 AAU Member No//_/_/_/_/ (Required)	
	Entry \$17/Athlete, no charge for relays	
S	District Championships	
Ε	Please list events in which you are actually going to compete in the Event	association meet.
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	2) 4)	·
	Combined Events	
S E C	Please list events in which you are actually going to compete. list place, time, distance/height achieved at the association/state meet.	
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	2) 4)	
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Athlete's Release: In consideration of your acceptance of my entry into the AAUNEW JERSEY District Youth Track & Field Championships, I voluntarily agree to participate in the 2006 AAU-NEW JERSEY District Youth Track & Field Championships 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 AAU-NEW JERSEY District Youth Track & Field Championships, from any cause whatsoever. I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue The Amateur Athletic Union, Inc., the local AAU Association and the owner or lessee of any facility in which the AAU-NEW JERSEY District Youth Track & Field Championships are held (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 Championships. I/we grant permission to the Meet Directors or their designee or the assigned Chaperones of any AAU-NEW JERSEY District Track & Field Championship, competition or program 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 in route to/from or at the site of the AAU-NEW JERSEY District Track & Field Championship, competition or program. I/we understand that should a health emergency arise, I/we will be notified but if/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

(Must be signed if athlete is under 18 years of age.)

Telephone: (\_\_\_\_\_)\_\_\_\_

List allergies and current medications: \_

THIS ENTRY FORM MUST BE RETURNED TO THE REGISTRATION AREA AT THIS MEET BEFORE LEAVING THIS MEET. \*\*Proof of Age: Verification Stamp (based on Birth Certificate, Certified Baptismal Record, Passport, Driver's License, or U.S. Military Identification)