

**2007 AAU – Adirondack District Youth Track and Field Championships
Individual Event Entry and Waiver Form**

Please Print

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Full AAU Club Name: _____

AAU Club Number: ____/____/____/____/____/____/____/____/____/____/____/____

AAU District: Adirondack AAU Region 1

2007 AAU Member # : ____/____/____/____/____/____/____/____/____/____/____/____ (REQUIRED)

Sex: Male _____ Female _____

Age Groups: Primary (born 1999 or later)
Sub Bantam (born 1998)
Bantam (Born 1997)
Sub-Midget (born 1996)

Midget (born 1995)
Sub-Youth (born 1994)
Youth (born 1993)
Intermediate (born 1991 – 1992)
Young M/W (born 1989 – 1990)

Age Group: _____ Date of Birth: _____

**Entry \$15 / Athlete, no charge for relays
District championships**

Please list events in which you are actually going to compete in the association meet.

- 1) _____ 2) _____
3) _____ 4) _____

Combined events: _____

**To be completed at District meet
Entry \$20 / Athlete, no charge for relays
Regional Championships**

Please list events in which you are actually going to compete, list place, time, distance / h eight achieved at the association / district meet

Event	Time/Mark	Place	Event	Time/Mark	Place
1) _____	_____	_____	2) _____	_____	_____
3) _____	_____	_____	4) _____	_____	_____

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Athlete's Release: In consideration of your acceptance of my entry into the AAU Adirondack District Youth Track & Field Championships, I voluntarily agree to participate in the 2007 AAU Adirondack 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 – Adirondack 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 Adirondack 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 Adirondack District Track & Field Championships, 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 en route to/from or at the site of the AAU Adirondack 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

Telephone: _____ Allergies and current medications _____

**THIS ENTRY FORM MUST BE RETURNED TO NORTH COUNTRY CRUISERS BY JUNE 8 FOR PARTICIPATION IN MEET.
*PROOF OF AGE IS REQUIRED AT MEET (Birth certificate, Passport, Driver's license, or US Military ID)**