2008 AAU-NE DISTRICT YOUTH TRACK AND FIELD CHAMPIONSHIPS

Please print

Last Name _____ **First** _____

Address _____

City _____ **State** _____ **Zip** _____

Full Club Name _____

AAU Membership: _/__/__/_ _/__/__/__/__/__/__/__/_ _/__/_ /__/ **(Required)**

AGE DIVISION
Sex: ☐Male ☐Female
O Primary 2000 & Later
O Sub-Bantams 1999
O Bantams (Born 1998
O Sub-Midgets 1997
O Midget 1996
O Sub-Youth 1995
O Youth (Born 1994
O Intermediate (Born 1992- 1993)
O Young M/W (Born 1990 - 1991)

Birth Date _____/_____/_____
BIRTH DATE VERIFIED

Entry$17/Athlete, no charge for relays
District Championships
Please list events in which you are actually going tocompete in the association meet.

Event			Event		
1)_____	_____	_____	3) _____	_____	_____
2)_____	_____	_____	4) _____	_____	_____

Entry $20/Athlete,no charge for relays
RegionalChampionships
Please list events in which you are actuallygoing to compete in: list place, time, distance/height achieved at the association/statemeet.

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

Athlete'sRelease: In consideration of your acceptance of my entry into the**AAUNE District Championship**voluntarily agree to participate in the**AAUNE District Championship**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**AAUNE District Championship**from any cause whatsoever. I, for myself, my heirs, personal representativesand assigns do hereby release, waive, discharge and covenant not to sue CambridgeJets/Harvard University and the owner or lessee of any facility in which the**AAUNE District Championship,**areheld (collectively "Releases") from allliability, loss, claims, demands, possible causes of action, court costs,settlement costs and fees, attorneys fees and any other expenses arising fromany claim or lawsuit that may arise from any loss, damage or injury (includingdeath) to me or my property resulting from or arising in connection with,or related to, my attendance at or participation in the Championship.

I/wegrant permission to the Meet Directors or their designee or the assigned Chaperonesof any**AAUNEDistrict Championship**competition or program to act as guardian/spokesmanwith full authorization and power to authorize emergency medical treatment,including hospitalization and anesthesia, if medically necessary, for my/ourson or daughter while in route to/from or at the site of the**AAUNEDistrict Championship,** competitionor program. I/we understand that should a health emergencyarise, I/we will be notified but if/we cannot be reached by phonesuch medicaltreatment as is deemed necessary by medical personnel under the circumstancespresented is hereby expressly authorized.

_____ _____

Signature -**ATHLETE**

Signature -**PARENT / GUARDIAN**
(Must be signed if athlete is under 18 years of age.)

Telephone: (_____)_____