

2024 NYTC Spring Track Program Registration Form

NOTE: You can register online at www.needhamspringtrack.org

To register by mail, write a check to **NEEDHAM YOUTH TRACK CLUB.**

Fee: \$189 – per child (for season) includes T-shirt (maximum family charge - \$490)

Send payment to: Needham Youth Track Club, 53 Coulton Park, Needham MA 02492

Child #1

First Name

Above Name will appear on T-shirt

Last Name

Birth Date _____ Gender _____

- Check T-shirt size:**
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Child's 2-4 | <input type="checkbox"/> Small Adult |
| <input type="checkbox"/> Child's 6-8 | <input type="checkbox"/> Medium Adult |
| <input type="checkbox"/> Child's 10-12 | <input type="checkbox"/> Large Adult |

Desired Session: _____ **9:15 – 10:20 am** OR _____

Age 7-14 Pick a preferred group:
 Sprint Distance

Any teammate request? _____

Child #2

First Name

Above Name will appear on T-shirt

Last Name

Birth Date _____ Gender _____

- Check T-shirt size:**
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Child's 2-4 | <input type="checkbox"/> Small Adult |
| <input type="checkbox"/> Child's 6-8 | <input type="checkbox"/> Medium Adult |
| <input type="checkbox"/> Child's 10-12 | <input type="checkbox"/> Large Adult |

_____ **10:40 – 11:45 am**

Age 7-14 Pick a preferred group:
 Sprint Distance

Any teammate request? _____

I have read the Concussion Protocol fact sheets for Parents and Athlete and shared them with my children Yes
(located on www.needhamtrack.org - click on Spring Track, then click on Concussion Protocol)

Parent Names _____ Home Phone _____

Address _____ Cell/Other Phone _____

IMPORTANT: Include E-mail below

Town _____ Zip _____ Email _____

INJURY WAIVER: I absolve the NEEDHAM YOUTH TRACK CLUB, USATF, USATF-NE, and the TOWN OF NEEDHAM and all coaches, officials, and members from liability and will not hold them responsible for injury to my children, me, my family, or any guests I sponsor. This includes, but is not limited to, collisions and interactions among children and adults, injuries due to contact with the facilities or equipment, or to weather conditions. I give approval to my family's participation in the Spring Program. All family participants are in sound medical condition for on-field activities. I understand medical insurance is not provided. My signature authorizes the use, without compensation or any further consideration for any photographic product (picture, film, or video) generated at this program or associated meets.

SIGNED _____ Date _____

How did you hear about this program? Previously involved with NYTC Word of Mouth
 Website Brochure Poster Email Other _____