

# 2019 PEMBERTON RECREATION YOUTH TRACK & FIELD REGISTRATION FORM

**COORDINATOR:** Antoine Hicks  
**FEE:** \$60/Resident; \$70/Non-Resident  
**AGES:** Boys & Girls Ages 6-14 (Must be 6 by April 1st; Cannot turn 15 before June 1st)  
**LOCATION:** Practices at Helen A Fort Middle School Track; Competitions Held Locally  
**SEASON:** March, April, May & June; Practices Begin March 11<sup>th</sup>  
**DAYS/TIMES:** Practices: Monday & Wednesdays 6 – 8pm  
Track Meets held on Saturdays  
Track Schedule TBA

**Maximum Registrants: 50 / Race Tank Will Be Ordered at Practice / Black Shorts Required**  
**Registration Deadline: March 8th / COPY OF BIRTH CERTIFICATE REQUIRED AT REGISTRATION**

Please remove at dotted line below & keep for your information.

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## 2019 PEMBERTON RECREATION YOUTH TRACK & FIELD

Participant Name \_\_\_\_\_

Parent/Guardian Name (If Minor) \_\_\_\_\_

Complete Address \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age During Program \_\_\_\_\_ Grade \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Does the participant have any special needs or medical concerns that should be brought to the attention of program staff? If any, please explain:

**PLEASE READ/SIGN:** I am registering my child to participate in all activities of the above registered program. In case of emergency, I authorize the program's assigned personnel to administer basic first aid treatment, transport my child to the nearest hospital, and notify my emergency contact as quickly as possible. In the event of an emergency due to accidents beyond their control, I hereby release Pemberton Township Department of Recreation, its supervisors, employees and program volunteers, from all liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

PAYMENT TYPE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ CHECK BOX WHEN PROCESSED IN ACTIVE: