



2009 Empire State Track & Field Championships

Event Entry & Advancement Form

(Please type or print legibly)

Mail To: Liberty Group / 4 Manor Court / Ballston Lake, NY / 12019



Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Email _____

Full USATF Club Name _____

USATF Club Number ____/____/____-____/____/____/____/____

USATF Association _____

2009 USATF Membership No. ____/____/____/____/____/____/____/____/____/____/____ (Required)

AGE DIVISION	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	Bantam (Born 1999 and later)
<input type="checkbox"/>	Midget (Born 1997 – 1998)
<input type="checkbox"/>	Youth (Born 1995 – 1996)
<input type="checkbox"/>	Scholastic (Born 1991 – 1994)*
*(See Rule 300.1.c - Includes athletes who are still 18 thru August 2, 2009)	
<input type="checkbox"/>	Open
<input type="checkbox"/>	Masters
Birth Date ____/____/____	
BIRTH DATE VERIFIED**	

Qualifying Trials

Fees: Youth/Scholastic: \$10.00 First Event \$5.00 Each Add'l Event (Cap \$15.00)
Open/Masters: \$15.00 First Event \$5.00 Each Add'l Event (Cap \$25.00)

Triathlon/Pentathlon: \$15
Heptathlon/Decathlon: \$20

Please list events in which you are going to compete. If Preliminary meets were contested, use time/mark and place. If not, use approximate time/mark for seeding purposes.

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

Combined Events _____ Total Pts _____ Place _____

State Championships

Fees: Youth/Scholastic: \$15 First Event, \$5 Each Add'l Event (Cap \$25) **Triathlon/Pentathlon:** \$20

Open/Masters: \$25 First Event, \$5 Each Add'l Event **Heptathlon/Decathlon:** \$30 **Relays:** \$20

Please list events in which you are going to compete: list place and time/mark achieved at the association meet.

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

Combined Events _____ Total Pts _____ Place _____

Athlete's Release: I voluntarily agree to participate in the 2009 Empire State Track & Field Championships and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the 2009 Empire State Track & Field Championships, from any cause whatsoever, including the fault or negligence of Releasees (as defined below). I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue USA Track & Field, Inc., the local USATF Association, Liberty Group, the Local Organizing Committee, the Facility and Championship Sponsors, their respective officers, directors, employees, agents and volunteers (collectively "Releasees") 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 2009 Empire State Track & Field Championships. In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.

By entering this competition, I grant the Empire State Liberty Tour a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.

Athletes who participate in this competition may be subject to drug testing. Visit the competition's Athlete Information page (www.usatf.org/events/2009/USATFJuniorOlympicTFChampionships) for more information.

Signature - **ATHLETE**

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

ADA request: I am requesting an accommodation for a disability as follows: _____ (visit www.usatf.org/about/legal/policies/ADA.asp for forms and procedures)

* Please note: All requests for accommodations must be received six weeks prior to the date of competition.

List allergies and current medications: _____

THIS ENTRY FORM MUST BE RETURNED TO THE REGISTRATION AREA BEFORE LEAVING THIS MEET.

**Proof of Age: Verification Stamp (based on Birth Certificate, Certified Baptismal Record, Passport, Driver's License, or United States Government Identification)