USATF Junior Olympic Cross Country Program
Individual Entry Advancement Form

Please print

Last Name _____ **First** _____

Address _____

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

USATF Club # ____ ___ / ___ ___ ___ ___

USATF Club Name _____

USATF Association NEW ENGLAND **USATF Region #** ONE

USATF Membership Number ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

(Required)

AGE DIVISION

Sex: ☐ Male ☐ Female

☐ Bantam (Born 1995 and later)
☐ Midget (Born 1993-1994)
☐ Youth (Born 1991 -1992)
☐ Intermediate (Born 1989-1990)
☐ Young M/W (Born 1987-1988)

Birth Date _____/_____/_____
Must show verification

Section 1

Association Championships (Check appropriate age division to enter the Association Championship)

Entry Fee: $6 per athlete

❒ **Bantam (3 km)**
❒ **Midget (3 km)**
❒ **Youth (4 km)**
❒ **Intermediate (5 km)**
❒ **Young Men/Women (5 km)**

Bryant University
Smithfield Rhode Island

Section 2

Regional Championships – **New England athletes advance directly to Nationals**

❒ **Bantam (3 km)** _____
❒ **Midget (3 km)** _____
❒ **Youth (4 km)** _____
❒ **Intermediate (5 km)** _____
❒ **Young Men/Women (5 km)** _____

Section 3

National Championship (Indicate place/time from Regional Championships)

Bryant University Smithfield, RI December 10th, 2005 Entry Fee: $8.00 per athlete

	Time	Place		Time	Place
❒ **Bantam (3 km)**	_____	_____	❒ **Youth (4 km)**	_____	_____
❒ **Midget (3 km)**	_____	_____	❒ **Intermediate (5 km)**	_____	_____
			❒ **Young Men/Women (5 km)**	_____	_____

Athlete's Release: **In consideration of your acceptance of my entry into the USA Track & Field Cross Country Championships,** I voluntarily agree to participate in the **2005 USA Track & Field Cross Country 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 **USA Track & Field Cross Country Championships**, from any cause whatsoever. 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** and the owner or lessee of any facility in which the **USA Track & Field Cross Country 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 USA Track & Field Cross Country 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 in route to/from or at the site of the USA Track & Field Cross Country Championships, 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**
(Must be signed if athlete is under 18 years of age.)

Telephone: _____

By entering this competition, I grant USA Track & Field the right 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 for the purposes of advertising or promoting the sport of Athletics.

_____ Signature - **ATHLETE**

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

List allergies and current medications: _____

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

**Proof of Age: Verification Stamp (based on Birth Certificate, Certified Baptismal Record, Passport, Driver's License, or U.S. Military Identification)