

## Application/Permission Form

### Summer 2010 All Comer Developmental Meet Sponsored by Endless Mountain Bobcats Running Club

I wish to enroll my son/daughter in the Summer 2010 ALL COMER Developmental Meet. I understand that neither the Dr. Walter B. Tewksbury Memorial Committee, the Tunkhannock Area School District, nor anyone connected with the Dr. Walter B. Tewksbury Memorial Committee Track & Field Clinic or the Endless Mountain Bobcats Running Club will assume any responsibility for accidents, medical, dental, or other expenses incurred as the result of accidents sustained during or as a result of any course of instruction given the applicant by the meet staff. I hereby authorize the guardian, coach, or director to act on my behalf according to his/her best judgment in any emergency requiring medical attention.

Signature of Parent \_\_\_\_\_

Athlete's Name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ School Grade \_\_\_\_ (if applicable)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### Age Group

Group	4& Under	5&6	7&8	9&10	11&12	13&14	15&16	17&18	19-29	30-39	40-49	50-59	60& Over
X													

Event	X	Event	X
2 Mile Run		100-meter Hurdles	
40-yard Dash		Long Jump	
100-meter Dash		Broad Jump	
400-meter Dash		Vertical Jump	
800-meter Run		Shot Put	
1600-meter Run		Softball Throw	

Please present this form at the registration desk at the meet. **A parent or guardian's signature is required for all participants under 18 years old.**