

MT. OLIVE JUNIOR ATHLETIC CLUB TRACK 2009 - REGISTRATION FORM

	Last name	First Name	Date of Birth	Gender	School	Grade	Age on 12/31/09	# of Years on Team	Any Medical conditions	Cost
1										\$35.00
2										\$35.00
3										\$10.00
4										\$10.00
NOTE: Athlete must be 6 years old on 12/31/2009										
										Total Due

Street Address	City	State	Zip-Code
		NJ	

Parent or Guardian information

Last name	First Name	Home Phone	Cell Phone	E-Mail address	Volunteers (please circle)
					Timer Field Judge Refreshment Stand
Last name (Spouse) <i>Leave blank if same as above</i>	First Name (Spouse)	Home Phone	Cell Phone	E-Mail address	Volunteers (please circle)
					Timer Field Judge Refreshment Stand

MT. OLIVE JUNIOR TRACK & FIELD IS A 100% VOLUNTEER PROGRAM

I, THE PARENT OR GUARDIAN OF THE NAMED PARTICIPANT (S) ABOVE, DO HEREBY GIVE APPROVAL AND PERMISSION TO MY CHILD TO PARTICIPATE IN ALL MT. OLIVE JUNIOR TRACK & FIELD ACTIVITIES AND ASSUME ALL SUCH RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS MT. OLIVE ATHLETIC CLUB, INCLUDING ALL COACHES, ASSISTANT COACHES, OFFICIALS, ORGANIZERS, AND OTHER PARTICIPANTS WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE. 1 MT. OLIVE TOWNSHIP PROVIDES A \$500.00 DEDUCTIBLE HEALTH AND ACCIDENT INSURANCE COVERAGE. IN CASE OF INJURY OR ACCIDENT, NOTIFY YOUR COACH AND THE RECREATION DEPARTMENT IMMEDIATELY.

May we publish your athlete's picture on the team website (please circle): Yes or No

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please forward completed form and payment (CHECKS ONLY) TO: **Mount Olive Junior Athletic Club
PO Box 253
BUDD LAKE, NJ 07828**

How did you find out about the track program (Circle one): *MOTrack Website* *Township Website* *Newspaper* *School flyer*

If you were recruited by a current team member please let us know who contacted you: _____

Contact us on the web @ www.motrack.org or send an email to info@motrack.org or call 908 246 9799