

Bozeman Track Club
“All-Comer’s” Indoor Track & Field Meet
 Sunday, January 28, 2007
 M.S.U. Brick Breeden Fieldhouse, Bozeman, Montana

Complete this form and attach **“entry fee”**

NAME: _____

Gender: ___ Female ___ Male

ADDRESS: _____

Midget: Born 1995-97

Youth: Born 1993-94

CITY: _____ ZIP: _____

High School: Born 1988-92

Open: 19+ Born 1987 or earlier

Master’s: 40+ Born 1966 or earlier

USAT&F MEMBERSHIP NO: _____

(Ten-Digit number if applicable, but not required)

DATE OF BIRTH: ____/____/____

USAT&F CLUB NO: _____

(If applicable, but not required)

INDIVIDUAL EVENTS & RELAYS

Max number of events allowed per athlete:

Midget/Youth: 3 Events, Masters: 4 Events, High School/Open: 5 Events

Event

Time/Distance

Entry fee must be attached or entry will not be accepted.

Entry deadline postmarked no later than Saturday, January 20th

or Additional Late Fee of \$5.00 thereafter. Maximum spike length

is 1/8 inch exposed “cone” while on the track for practice or competition.

Failure to comply with this rule will result in immediate disqualification

Return this entry form with entry fee to:

**BOZEMAN TRACK CLUB
 P. O. BOX 651
 BOZEMAN, MT 59771-0651**

\$10.00/Athlete Entry Fee

\$12.00 Bozeman Track Club “All-Comer’s” T-shirt

Youth Medium, or S M L XL XXL (Adult Sizes)

Total Amount Enclosed: _____

No refund of entry fees for inclement weather.

ATHLETE’S RELEASE: In consideration of your acceptance of my entry, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to me against USA Track & Field, USATF-Montana Association, Inc., Montana State University, Bozeman Track Club, and the City of Bozeman or their respective officers, Agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or entry in the above competition, or which may arise out of traveling to or participating in, and return from said competition at Bozeman, Montana. I, or we, grant permission to the Directors, Assistant, or assigned Chaperones of the Bozeman Track Club, to act as guardian/spokesman in granting permission for emergency treatment hospitalization (including anesthesia), if necessary, for my/our son or daughter while enroute to or from or at the sites of the above competition. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. (Athlete’s release must be signed by contestant, and by Father or Mother or legally appointed Guardian)

 ATHLETE’S SIGNATURE

 PARENT AND/OR GUARDIAN’S SIGNATURE

Telephone: Home _____ Work _____ E-Mail: _____

List allergies and current medications: _____
