

**Sugarloaf Youth Track
2010 REGISTRATION FORM**
(Please Print)

Participant Name: _____ Parent/Guardian: _____

Street: _____ Participant Date of Birth: _____

Town: _____ School: _____

Home Phone: _____ Current Grade: _____ Gender: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian E-mail: _____

Emergency Contact Name-**Other than parents/guardians:** _____

Home Phone: _____ Cell Phone: _____

I am (please circle one): New Returning

IF YOUR CHILD WOULD LIKE TO REQUEST A FRIEND, PLEASE DO SO HERE:

Waiver of Liability

In signing this entry for my child and giving permission for my child to participate in the Sugarloaf Youth track League, I hereby for my child, myself, my spouse and my heirs and administrators, assume any and all risks that might be associated with participation in the league. I waive and release any and all rights and claims for damages that I may have with the organizers, The Town of Amherst, Amherst/Pelham Regional School District, The Sugarloaf Mountain Athletic Club, all sponsors, and any other person, group or business associated with the track league, their representatives, successors, and assigns for any and all injuries or damages of any kind suffered by my child or me or my property as a result of taking part in the youth track league.

Parent or legal guardian: please print _____

Signature _____ Date _____

Registration Fee: \$49.00

Non-Amherst Resident Fee: \$10.00 \$ _____

Total: \$ _____

Payment Type: Check (payable to Town of Amherst)

CIRCLE ONE: DISCOVER, VISA or MASTERCARD Acct. No. _____ - _____ - _____ - _____

Expiration date _____ Signature _____

This is not a school-sponsored program