



MENDHAM MAGIC TRACK AND FIELD REGISTRATION FORM FOR SPRING 2010



All applicants must reside in Mendham Borough or Mendham Township
Children must be currently attending kindergarten through 8th grade

Registration deadline is **February 28, 2010** Please visit www.mendhammagic.com for updates

Athlete's Last Name: _____	Athlete's First Name: _____	Grade: _____
Birth Date: _____	Age (as of 12/31/2010) : _____	Gender: <input type="radio"/>
Parent 1 Name: _____	Parent 2 Name: _____	
Mailing Address: _____		
City & State: _____ Zip: _____	Home Phone: _____	
Parent 1 Cell: _____	Parent 1 E-Mail: _____	
Parent 2 Cell: _____	Parent 2 E-Mail: _____	
Emergency Contact: _____	Emergency Contact Phone: _____	

List any allergies (food, bee stings, pollen, etc): _____

Does child have asthma (circle)? **YES** **NO** Does child use an inhaler (circle)? **YES** **NO**

List any other medical conditions: _____

*All **new** participants 9 and older are required to provide a copy of the child's birth certificate – included (circle)? **YES** **NO**

TEAM T-SHIRT

Please circle desired size: **S(6-8)** **M(10-12)** **L(14-16)** **Adult S** **Adult M** **Adult L**

PARENT VOLUNTEER PARTICIPATION

Please indicate husband (**H**) and/or wife (**W**). Feel free to indicate more than 1 choice. Our program relies on your support!

- | | | | |
|-------------------------|---|-------------------------|--|
| ___ Head Coach* | ___ Long Jump Coach* | ___ Banquet Coordinator | ___ Timer** |
| ___ Assistant Coach* | ___ Long Jump Helper | ___ Banquet Helper | ___ Starter (w/ gun)** |
| ___ Team Parent* | ___ Shot Put Coach* | ___ Newspaper Reporter* | ___ Scorekeeper** |
| ___ Practice Assistant* | ___ Shot Put Helper | ___ Photographer* | ___ Set-up and clean-up** |
| ___ Sprinter Coach* | *denotes position for the entire season | | **denotes position for one or more home meets only |

PARENTAL CONSENT

I give permission for the above child to participate in any and all activities of the Mendham Magic Track and Field program. I assume all risks and hazards incidental to the conduct of the program activities and transportation to and from program activities. I do further release, absolve, indemnify, and hold harmless the organizers, sponsors, field owners, its members, coaches or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from program activities. I also understand that it is my responsibility to make sure that each registrant does not have health conditions preventing them from safely participating in this running program; a physical by a medical doctor for this purpose is strongly recommended. I also give consent for my child's name and photograph to be used in various newspapers and websites.

Parent / Legal Guardian

Signature: _____ **Date:** MM / DD / YY

PRINT above name: _____

FEE

\$70 per child (maximum \$140 per family). Add \$10 late fee per family if submitted after February 28th. Make checks payable to: **Mendham Magic Track and Field** and mail to **c/o Mary Ehmann** (or drop off at) **9 Florie Farm Road, Mendham, NJ 07945**
Questions? Please call 973-787-7895 or send e-mail to register@mendhammagic.net