

WOODSTOCK LEGION ATHLETIC CLUB



Minor Track Program

Please bring this completed form to practice along with your payment

Name _____ Age _____ Date of Birth (DD / MM / YY)

Address: _____

Phone Numbers Home: _____ Work _____

Parents or Guardians: _____

Email Address: _____

Please place a check beside the events interested in

- | | |
|---|--|
| <input type="checkbox"/> 80 Metre | <input type="checkbox"/> Long Jump |
| <input type="checkbox"/> 100 Metre | <input type="checkbox"/> High Jump |
| <input type="checkbox"/> 200 Metre-MTA meets only | <input type="checkbox"/> Triple Jump |
| <input type="checkbox"/> 400 Metre | <input type="checkbox"/> Shot Put-MTA meets only |
| <input type="checkbox"/> 800 Metre | <input type="checkbox"/> Javelin-MTA meets only |
| <input type="checkbox"/> 1500 Metre | |

Would you be interest in attending Minor Track Association hosted meets

YES

NO

Woodstock Legion Athletic Club Waiver form

Waiver: I, the undersigned hereby irrevocably release the Woodstock Legion Athletic Club and all its branches from any and all responsibilities, from loss and or personal injuries sustained by the applicant/participant while engaged in the activities of the said club or while traveling to and from activities by means of transportation provided by said club.

Date: _____ Athlete Signature: _____

Date: _____ Parent/Guardian Signature: _____