



West Essex Junior Knights Track and Field Association 2012 Spring Program

Including the communities of Essex Fells, Fairfield, North Caldwell, and Roseland

The Staff and Coaches of the West Essex Jr. Knights Track and Field Association invite students to participate in the upcoming track and field season. The participants in this program will train for various field events including running, long jump, and turbo javelin. **A special Parent Meeting will be held at the Fairfield Community Center, (Krauszer Complex) 376 Hollywood Avenue, Fairfield on Monday, March 12th at 5:30 p.m.**

OPEN TO: Girls and Boys (Grades 4 through 8) from Essex Fells, Fairfield, North Caldwell, and Roseland. To ensure safety and enjoyment for all participants, the program will be limited to 80 runners. Registrations received above that number will be placed on a waiting list.

SITE: West Essex High School Track

WHEN: Tuesday and Thursday Evenings beginning on April 2nd from 7:30 p.m. - 8:45 p.m.

REGISTRATION: MAIL CHECKS AND COMPLETED REGISTRATION FORMS TO:
Roseland Recreation Department, 19 Harrison Avenue, Roseland, NJ 07068

Please be sure to include an e-mail address. Your child's coach will contact you by telephone prior to the first practice.

FEE: \$90.00 per person

MAKE CHECKS PAYABLE TO: WEST ESSEX YOUTH SPORTS ALLIANCE

ABSOLUTE DEADLINE: Friday, March 16th (No refunds after this date)

QUESTIONS: Contact your Recreation Directors: Essex Fells 973/768-2705, Fairfield 973/882-2745, North Caldwell 973/228-6410 x114, Roseland 973/403-6850

ONE FORM PER PARTICIPANT 2012 YOUTH TRACK AND FIELD PROGRAM

Date rec'd. cash check # Date

NAME _____ ADDRESS _____ / _____ / _____ / _____
Street/PO Box Town State Zip

HOME PHONE _____ EMERGENCY PHONE _____ EMAIL _____

DOB _____ AGE _____ GRADE _____ SEX _____ Does your child play another spring sport? Yes _____ No _____

Does your son/daughter have any health condition(s) the Track Coaching Staff should know about? No _____ Yes _____
(Explain) _____

Shirt Size: Youth: M _____ L _____ Adult: S _____ M _____ L _____ XL _____

THE WEST ESSEX JR. KNIGHTS TRACK AND FIELD ASSOCIATION RECOMMENDS THE DISCLOSURE OF RELEVANT HEALTH INFORMATION. UNLESS THE ASSOCIATION IS NOTIFIED IN WRITING, COACHES AND STAFF WILL BE FORWARDED ALL INFORMATION ON THE REGISTRATION FORM, INCLUDING HEALTH CONDITIONS.

Recognizing the possibility of physical injury associated with track and field, and in consideration for the Association and its affiliates accepting the registrant for its track and field programs and activities, I hereby release, discharge and/or otherwise indemnify the Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of any facilities utilized for the Programs, against any claim on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant the coaching staff permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Date

SIGNATURE (PARENT/GUARDIAN)

PARENTAL ASSISTANCE: I am interested in: Administrative/Help at Meets _____ Coaching _____ Sponsorship _____

NAME _____ HOME PHONE _____

BUSINESS PHONE _____ EMAIL ADDRESS _____