2026-2027 NYTC Winter Track Program Registration Form

You can pay cash or make out your check to **NEEDHAM YOUTH TRACK CLUB.**

Fee: $212 – one child includes T-shirt - Open to children age 6.5 – 14

Send or deliver payment to: Needham Youth Track Club, 53 Coulton Park, Needham MA 02492

Child #1

First Name ☐☐☐☐☐☐☐☐☐☐☐☐

Above Name will appear on T-shirt

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

Birth Date_____Gender_____

Check T-shirt size:

☐ Child's 6-8 ☐ Adult Small

☐ Child's 10-12 ☐ Adult Medium

☐ Child's 14-16 ☐ Adult Large

Child #2

First Name ☐☐☐☐☐☐☐☐☐☐☐☐

Above Name will appear on T-shirt

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

Birth Date_____Gender_____

Check T-shirt size:

☐ Child's 6-8 ☐ Adult Small

☐ Child's 10-12 ☐ Adult Medium

☐ Child's 14-16 ☐ Adult Large

Desired Session: _____ 9:15 – 10:20 am OR _____ 10:45 – 11:50 am

Pick group: ☐ **Distance.** ☐ **Sprint**

Teammate Request _____

Pick group: ☐ **Distance.** ☐ **Sprint**

Teammate Request_____

I have read the Concussion Protocol fact sheets for Parents and Athlete and shared them with my children ☐ Yes
(located on www.needhamtrack.org - click on Winter Track, then click on Concussion Protocol)

Parent Names_____Home Phone_____

Address_____Cell/Other Phone_____

IMPORTANT: Include E-mail below

Town_____Zip_____**Email**_____

INJURY WAIVER: I absolve the USATF, USATF-NE, NEEDHAM YOUTH TRACK CLUB and BABSON COLLEGE and all coaches, officials, and members from liability and will not hold them responsible for injury to my child(ren), me, my family, or any guests I sponsor. This includes, but is not limited to, collisions and interactions among children and adults, injuries due to contact with the facilities or equipment, or to weather conditions. I give approval to my family's participation in the Winter Program. All family participants are in sound medical condition for on-track and off-track activities. I understand medical insurance is not provided. My signature authorizes the use, without compensation or any further consideration for any photographic product (picture, film, or video) generated at this program or associated meets.

SIGNED_____Date_____

How did you hear about this program? ☐ Previously involved with NYTC ☐ Word of Mouth

☐ Website ☐ Brochure ☐ Poster ☐ Email ☐ Other_____