Spring 2027 Needham Youth Track Club Counselor Application

- Those under age 18 must get a work permit (if not done previously) – we will send you the application.
- Those age 18+ must join USATF as coach, undergo background check, & take an online safety course.

Send this application to: John Hrones, 53 Coulton Park, Needham MA 02492 (or email a scanned version)
With questions, call Mr. Hrones at 781-856-4088 or e-mail needhamtrackclub@gmail.com

Name:_____Age: _____Birth Date: _____

Street Address:_____College Year or School Grade (completing in 2027)_____

Town_____Zip_____Email:_____

Phone (h)_____Phone (c) _____Adult T-Shirt Size: (circle one) **S Med Large XL**

NOTE: You don't have to supply the financial information if you've supplied it before and it hasn't changed.

NOTE: Financial information is not required if you are planning to take Community Service credit.

*Social Security Number (required if you are to be paid)*_____

**To deposit your pay directly into your bank account provide:* *Bank Name*_____

**Bank Routing Number*_____ **Bank Account Number* _____

**Checking Account or Savings Account?*_____ **Only required if you select direct deposit*

Description of previous experience with Track & Field and/or working with children:

Indicate availability for our sessions (**Circle YES** dates)

SPRING TRACK: April 4 11 18 25 May 2 9 16 23 June 6 13

Are you planning to take **Community Service** hours? YES NO

INJURY WAIVER: **I absolve the Town of Needham, USATF, USATF-NE, and the Needham Youth Track Club and all coaches, officials, and other Club members from liability and will not hold them responsible for injury that I may incur during any activities associated with the Fall Track, Winter Track, Spring Track, or Summer Track Program, Northeast Indoor Classic, Great Bear Run, Away Meets, Local Meets, other events or off field activities in support of the Needham Youth Track Club. . This includes, but is not limited to medical issues, including viruses, collisions and interactions among children and adults, injuries due to contact with the facilities or equipment, or to weather conditions. I am in sound medical condition for on-field 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_____
(Applicant)

SIGNED_____DATE_____
(Parent or Legal Guardian if under age 18)

If you were recruited by a current NTC counselor, list that person's name_____