



2008 SPRINGFIELD YOUTH OLYMPICS ENTRY FORM

Name _____
Last First Middle

Address _____ Telephone _____

City _____ State _____ Zip _____

E-mail _____

Age _____ Date of Birth _____ Female _____ Male _____

Emergency Contact: Name _____ Telephone _____

PLEASE CHECK ALL THAT APPLY:

I have a medical condition. Attached is documentation to be used in an emergency.

I will need ADA accommodations. Attached is documentation regarding the type of accommodations I will need.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Springfield Youth Olympics athletic/sports programs and related events and activities, the undersigned:

1. Agrees that prior to participating, they will inspect the facilities and equipment to be used and if they believe anything is unsafe, they will advise the supervisor of such conditions and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risks, known and unknown, foreseeable and not foreseeable.
3. Assumes all forgoing risks and accepts personal responsibility for any and all damages of any kind resulting from participating or attendance at the games.

Release, waive, discharge, and covenant not to sue the Springfield Youth Olympics, its successors, its affiliated clubs, sponsors, advertisers, owners, and leasees of premises used to conduct events, along with their respective directors, officers, board members, agents, coaches, coordinators, managers, employees, servants, students, volunteers, and fellow participants in the games; and any other person or entity involved in the program, activity, or related event of the Springfield Youth Olympics which are hereafter referred to as a "releasee" from any liability to each of the undersigned, his or her heirs and next of kin and his estate, for any and all claims or demands for any and all losses, injury of any kind, disability, death, or any damage of any kind, to person or property, caused in whole or in part by the "releasee." I agree to indemnify and hold harmless the releasee from any claims made as a result of any damages or injuries of any kind to the undersigned.

THE SIGNATORS HAVE READ THE ABOVE WAIVER AND RELEASE; UNDERSTAND THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING; AND SIGNS VOLUNTARILY. PARENT OR GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 18.

Printed Name _____ Signature _____ Date _____

Parent or Guardian (if participant is under the age of 18) Signature _____ Date _____



**BOBBY KNIGHT RELAYS &
OPENING CEREMONIES
AUGUST 1st, 6 p.m.
SPRINGFIELD COLLEGE - BLAKE TRACK**

**LIST OF YOUTH OLYMPICS EVENTS,
AUGUST 2nd, 8 a.m. - 4 p.m.
SPRINGFIELD COLLEGE - BLAKE TRACK**

(Put an X in the line next to the events you are entering.
Events arranged in the order in which they will occur.)

<u>AUGUST 1st, 6:00 p.m.</u>			
Bobby Knight Relays & Opening Ceremonies _____			
<u>AUGUST 2nd 9:00 a.m.</u>		<u>AUGUST 2nd 1:00 p.m.</u>	
Shot put	_____	Long Jump	_____
1500m	_____	Triple Jump	_____
50m (10 and under)	_____	200m	_____
100m (10 and under)	_____	400m	_____
100m (11 and above)	_____	800m	_____
4 x 100m relay	_____	Banana Hurdles (10 and under)	_____
		4 x 400m Relay	_____

*******ENTRY DEADLINE*******

Entry forms must be submitted by 4 p.m., Friday, July 23rd along with a \$2.00 entry fee.

PLEASE SIGN THE WAIVER AND MAIL/RETURN THE ENTRY FORM TO:

**YMCA of Greater Springfield
Office of the President/CEO
275 Chestnut Street
Springfield, MA 01109
413-739-6951**

Please note: Signing the waiver indicates granting of permission to Springfield Youth Olympics to use, in publications, press releases, Web, and other promotions, you/your child's name and any photograph or video footage in which you/he/she may appear. If you do not want photography to be taken of you/your child at this event, please indicate this on a separate note attached to the waiver.