

# NEW WORLD TRACK CLUB INC.



*Champion Athletes on the Track  
Champion Citizens off the Track*

P.O. Box 09147  
COLUMBUS, OHIO 43209  
(614) 563-5165

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**NEW WORLD WEB SITE:**  
<http://www.newwtrack.org>

## MEMBERSHIP APPLICATION

Indoor Fee \_\_\_\_\_  
Outdoor Fee \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Uniform \_\_\_\_\_  
T-Shirt \_\_\_\_\_

USATF Number \_\_\_\_\_

### MEMBER INFORMATION

**Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_  
Last First Initial Month/Day/Year M / F

**Address** \_\_\_\_\_  
Number Street  
City State Zip Code

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

**E-mail Address** \_\_\_\_\_

### Parent/Guardian Information

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Release and Waiver and Medical Information & Release

List Member's Illnesses, Physical Conditions, Allergies, etc. (For example, "Asthma")

(If none, please write "NONE" above.)

I certify and attest that the above-named Member is physically fit and able to participate in the activities of New World Track Club (NEWW) and his/her physical condition and ability to participate in the activities of NEWW have been determined by a licensed medical doctor. The only physical or other conditions, illnesses, allergies, etc. which the above-named Member has are stated above on this form and those physical or other conditions, illnesses, allergies, etc. have been determined by a licensed medical doctor to be not such as would make it dangerous or inadvisable to train, compete, or participate in the demanding physical activities of NEWW.

In exchange for acceptance of this application for the Member named herein, on his/her behalf and on behalf of his/her heirs, executors, administrators, and assigns, I release, discharge and agree to indemnify and hold harmless NEWW, its officers, trustees, organizers, coaches, supervisors, sponsors and other agents from all claims that I and/or said Member may have or come to have for damages and causes of action arising out of my participation and said Member's participation in the activities of NEWW and, on behalf of myself and said Member and his/her heirs, executors, administrators and assigns, I give NEWW coaches and administrators express permission to execute and sign on behalf of myself and on behalf of the above-named New World member, USA Track & Field and AAU membership applications, all meet entry and liability release forms and waivers necessary to complete the membership and or meet entry process or necessary for my or said Member's participation in any way in any meet. This release and express permission applies to all NEWW activities, including travel to and from said activities.

Father's Signature \_\_\_\_\_ **AND** Mother's Signature \_\_\_\_\_  
or Guardian's Signature \_\_\_\_\_ or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Family Membership** – Indoor Season, First Child \$75.00 (\$200 if this child did not participate in the previous outdoor season) – each additional child living in same household \$45.00. Outdoor Season (May 1 through December 31): First Child \$200.00 (\$75.00 if this Member paid a \$200 Indoor Season Membership fee) – each additional child living in same household \$45.00.

All families are required to work each New World sponsored meet during the year. See the New World Member & Parent Handbook for details.

**I have read this membership information and have received a copy of the current New World Member and Parent Handbook:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Attached are 3 clear photocopies of this Member's birth certificate (required to practice and compete in meets) . .

\_\_\_\_ Attached is a copy of family medical/health insurance card (OPTIONAL) which will be treated confidentially and used only as required by a physician, hospital or medical facility in the event of injury to the Member.

\_\_\_\_ Enclosed is the \$ \_\_\_\_\_ Indoor Season membership fee and \$ \_\_\_\_\_ for the Outdoor Season membership fee. Fees include payment for the USATF Registration required to practice and compete in certain meets and entries for non-championship meets.

Indoor Season Membership Fee is submitted in CASH \_\_\_\_\_ or by CHECK \_\_\_\_\_ Check Number \_\_\_\_\_.

Outdoor Season Membership Fee is submitted in CASH \_\_\_\_\_ or by CHECK \_\_\_\_\_ Check Number \_\_\_\_\_.