

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

E-mail: info1@newwtrack.org

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

MEMBERSHIP APPLICATION

Indoor Fee _____
Outdoor Fee _____
Birth Certificate _____
Uniform _____

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".)

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

In exchange for acceptance of this application for the Member named herein, on his or her behalf and on behalf of his or her heirs, executors, administrators, and assigns, I release, discharge and agree to hold harmless New World Track Club, its officers, trustees, organizers, coaches, supervisors, sponsors and other agents from all claims that I or said Member may have or come to have for damages and causes of action arising out of said Member's participation in the activities of New World Track Club. This release applies to all New World Track Club 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 (January 1 through April 30): First Child \$75.00 – each additional child living in same household \$40.00,
– Outdoor Season (May 1 through December 31): First Child \$200.00 – each additional child living in same household \$40.00.

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 _____.