

# MOUNTAIN LAKES JUNIOR TRACK ASSOCIATION

## Spring 2006 Registration & Release Form

Please be sure to provide an accurate email address; team communications will mainly be via email and telephone. Check the Bulletin calendar and Rec website for important dates.

LAST NAME \_\_\_\_\_ PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_ M/F \_\_\_\_\_

CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_ M/F \_\_\_\_\_

CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_ M/F \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

**Registration Fees are \$30 per child, \$90 maximum per family. Make checks payable to the Mountain Lakes Recreation Commission. Registration Closes on March 31, 2006.**

Mountain Lakes Junior Track is Recreation Commission sponsored program, and a member of the Lakeland Junior Track & Field League. By league rules, age groups are determined by the child's age as of 12/31/06. **To participate in the clinic program, children must still be 8 years old or younger as of 10/01/06.**

The Junior Track Association is a volunteer organization, dependent on parent participation. **By registering, parents are signifying their willingness to participate in the program.**

I, the undersigned, being the parent or legal guardian of the above named child(ren) do hereby grant permission for participation in all activities sponsored by the Lakeland Junior Track League and the Mountain Lakes Junior Track Association. I assume all risks and hazards incidental to such participation and release the Mountain Lakes Junior Track Association and the Lakeland Junior Track League and their agents and Assigns from any liability and/or responsibility for any injuries sustained by my child(ren) or expenses incurred there from while engaged in or traveling to or from any activities of the above-named organizations.

Further, I attest that my child(ren) \_\_\_\_\_ is (are) in good health and able to participate in the Mountain Lakes Junior Track program. I agree to notify my child's coach if there is any medical condition of which he or she should be aware. If my child requires immediate treatment for conditions such as asthma or allergies, I will provide my child's inhaler, epipen or other medications for all practices and meets. If my child incurs an injury and I cannot be reached, I give the coach my Permission to seek emergency medical care.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Additional forms are available at Borough Hall. Please return form to Meg Richards, 39 Arden Road, Mountain Lakes, New Jersey. For more information please call Melissa Muilenburg at (973)402-5829 or visit the Rec. Commission website, [www.mtnlakes.org/recreation](http://www.mtnlakes.org/recreation).