

## **ROCKAWAY BORO TRACK & FIELD REGISTRATION FORM FOR SPRING 4242"**

All applicants must reside in Rockaway Borough Children must be currently attending 3rd through 8th grade.

Athlata's	Athlete's		
Athlete's Last Name:	First Name		
Athlete's Preferred	Birth /	1	
Name (if different from above):	Birth / Date:/	/ Gender (circle): M F	
Parent / Guardian 1		Parent / Guardian 2	
Name:			
Mailing			
Address:			
	Home		
City: S	ate: Phone:		
Parent / Guardian 1	Parent / Guardian 1		
Cell:	E-Mail:		
Parent / Guardian 2	Parent / Guardian 2	dense i recent i recent i tra	
Cell:	E-Mail:		
Emergency	Emergency Contact		
Contact:	Phone:		
Does child have asthma (circle)?       YE         List any other medical conditions:	NO Does child use an inh		
List any other medical conditions: TEAM T-SHIRT			
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: <i>S(6-8)</i> <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband ( <b>H</b> ) and/or wife	M(10-12) L(14-16) Adult S A ION V). Please feel free to indicate more than	Adult M Adult L 1 choice. Our program relies on your support!	
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: <i>S(6-8)</i> <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband ( <b>H</b> ) and/or wife	M(10-12) L(14-16) Adult S A ION V). Please feel free to indicate more than	Adult M Adult L 1 choice. Our program relies on your support!	
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: <i>S(6-8)</i> <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband ( <b>H</b> ) and/or wife	M(10-12) L(14-16) Adult S A ION V). Please feel free to indicate more than	Adult M Adult L 1 choice. Our program relies on your support!	
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: <i>S(6-8)</i> <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband ( <b>H</b> ) and/or wife	M(10-12) L(14-16) Adult S A ION W). Please feel free to indicate more than et Coordinator Timer ump Helper Banquet Help ut Coach Concessions	Adult M Adult L  1 choice. Our program relies on your support! Sprint Coach per Starter (w/ gun) Coordinator Scorekeeper	
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: <i>S(6-8)</i> <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband ( <b>H</b> ) and/or wife	M(10-12) L(14-16) Adult S A ION W). Please feel free to indicate more than et Coordinator Timer ump Helper Banquet Help ut Coach Concessions	Adult M Adult L 1 choice. Our program relies on your support!	
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: S(6-8) <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband (H) and/or wife Long Jump Coach Banq Assistant Coach Long Team Parent Shot Practice Helper Shot PARENTAL CONSENT I give permission for the above child to p	M(10-12) L(14-16) Adult S A ION W). Please feel free to indicate more than et Coordinator Timer ump Helper Banquet Help ut Coach Concessions	Adult M       Adult L         1 choice. Our program relies on your support!         Sprint Coach         ber       Starter (w/ gun)         Coordinator       Scorekeeper         Helper       Photographer         ckaway Boro Track and Field Program.	
List any other medical conditions: <b>TEAM T-SHIRT</b> Please circle desired size: <i>S(6-8)</i> <b>PARENT VOLUNTEER PARTICIPA</b> Please indicate husband ( <b>H</b> ) and/or wife ( Long Jump Coach Banq Assistant Coach Long Team Parent Shot Practice Helper Shot PARENTAL CONSENT I give permission for the above child to p I also give consent for my child's name a	M(10-12)       L(14-16)       Adult S       A         ION       N). Please feel free to indicate more than et Coordinator       Timer         ump Helper       Banquet Help Banquet Help Concessions of Concessions of the Rocessions of the Rocessions of the Rocession of the Rocessian of the Roces	Adult M       Adult L         1 choice. Our program relies on your support!         Sprint Coach         ber       Starter (w/ gun)         Coordinator       Scorekeeper         Helper       Photographer         ckaway Boro Track and Field Program.	

PRINT above name: \_

DONATION

\$30 per child. Make checks payable to: Rockaway Boro Recreation and write "track & field" in o go q section. Mail to (or drop off) c/o Chris Dennehy, 134 Andrea Drive, Rockaway, NJ 07866 Questions? Please contact Chris Dennehy at ;95/492/9463'or e-mail cdennehy2001@gmail.com