



TWILIGHT THROWERS
2019 Members Last Chance Meet
ENTRY FORM
(PLEASE PRINT ALL INFORMATION)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE # _____ EMAIL _____
 Print Clearly

PLEASE SELECT UP TO TWO EVENTS (6 Throws Each) OR THROWS PENTATHLON (3 Throws All)

HAMMER _____ SHOT _____ DISCUS _____ JAVELIN _____ WEIGHT _____ THROWS PENT. _____

****ADDITIONAL EVENT (IF TIME PERMITS): SUPER WEIGHT (Min. 3 Throws) _____****

GENDER (Circle): MALE / FEMALE DATE OF BIRTH _____ AGE AS OF Sept 22nd _____

DATE: SUNDAY, SEPT 22nd . Begins At 9:00 Sharp! (Weigh-In Personal Implements Before Start)
****House Implements Will Be Available****

WHERE: Chelmsford High School, 200 Richardson Rd, North Chelmsford, MA 01863
(Check-In & Competition Areas Located Behind Tennis Courts)

ENTRY FEE: Members* – \$10 For Individual Events (Up To 2) / \$40 Throws Pentathlon
Non Members - \$40 For Individual Events (Up To 2) / \$100 Throws Pentathlon
Reduced Fee for Volunteer Work During 2019 Season – Contact Club For Credit Amount

MAIL ENTRY FORM to: Twilight Throwers, P.O. Box 235, Chelmsford, MA 01824
 Questions? Email To: Twilightthrowers@gmail.com

PLEASE NOTE: Deadline: Tuesday, SEPT. 17th – NO EXCEPTIONS
No Day of Meet Sign Up

WAIVER AND RELEASE

DECLARATION OF HEALTH:

I declare that I am in good physical condition to compete in the TWILIGHT THROWERS MEETS at Chelmsford High School. I am aware of all risks inherent in training and competing, including permanent disability or death, and agree to assume all these risks.

GENERAL WAIVER:

As a condition of my participation in the TWILIGHT THROWERS MEETS, I hereby waive on my own behalf and the behalf of my estate or personal representative any and all claims for loss or damages arising out of my participation in the TWILIGHT THROWERS MEETS, including all claims for loss or damages caused by the negligence, active or passive of the following: Twilight Throwers, Chelmsford High School, USATF and any volunteers or individuals officiating at the meet or supervising such activities.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS OF ENTRY INTO THE TWILIGHT THROWERS MEETS AND I WILL ABIDE BY SAID TERMS AND CONDITIONS.

SIGNED _____ PRINT _____ DATE _____

PARENT or GUARDIAN SIGNATURE (If Under 18 Yrs) _____

EMERGENCY CONTACT: NAME - _____ PHONE - _____