



**TWILIGHT THROWERS  
2020 JAVELIN JAMBOREE  
ENTRY FORM  
(PLEASE PRINT ALL INFORMATION)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CLUB / SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ USATF # \_\_\_\_\_

**Print Clearly**

PERSONAL RECORD THIS SEASON (SEED MARK) METERS \_\_\_\_\_ and/or FEET \_\_\_\_\_

GENDER (Circle): MALE / FEMALE DATE OF BIRTH \_\_\_\_\_ AGE AS OF JUNE 7<sup>th</sup> \_\_\_\_\_

**DATE: SUNDAY, JUNE 7<sup>th</sup>. Begins At 11:00 A.M. Sharp (Weigh In Implements Before Start).**

**WHERE: Chelmsford High School, 200 Richardson Rd, North Chelmsford, MA 01863  
(Check-In Located At Javelin Field – By Sully’s Ice Cream Stand)**

**ENTRY FEE: Twilight Throwers Members: \$10 / Non-Members: On Time = \$20 / Late Fee = \$30**

Payable to: Twilight Throwers, P.O. Box 235, Chelmsford, MA 01824

<b>On Time Entry: Thursday, June 4<sup>th</sup> - Day Of Meet Entries Accepted With Notice &amp; Late Fee</b>
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**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 Corporation, 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 - \_\_\_\_\_

**For More Information Regarding the Twilight Throwers Club & Activities, Go To: WWW.TWILIGHTTHROWERS.COM**