



**TWILIGHT THROWERS**  
**2021 Members First 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 FOR COMPETITION PURPOSES (Circle One): MALE / FEMALE**

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

**DATE: SUNDAY, JULY 11<sup>th</sup>. Begins At 10:00 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 Each Individual Event (Up To 2) / \$40 Throws Pentathlon**  
**Non Members - \$25 For Each Individual Event (Up To 2) / \$80 Throws Pentathlon**

MAIL ENTRY FORM to: Twilight Throwers, P.O. Box 235, Chelmsford, MA 01824

Questions? Email To: [Twilightthrowers@gmail.com](mailto:Twilightthrowers@gmail.com)

**PLEASE NOTE: Deadline: Entry Received By Wednesday, JULY. 7<sup>th</sup> – 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 this TWILIGHT THROWERS MEET, 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 also agree to sign the USATF Release Form and follow any USATF Meet Requirements as exist on the day of the event.

**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 - \_\_\_\_\_