



PARSIPPANY EXPRESS TRACK & FIELD
YOUTH SPRING TRACK PROGRAM
2017 Season Information
www.parsippanyexpresstrack.com



- Who:** Registration is open to Parsippany Residents born between 2002 – 2008, and must be 9 years old by 12/31/2017. No high school students are permitted.
- What:** The Spring Track Program is great for runners of all levels. We compete with other Morris County towns in the Lakeland Youth Track League. Running events at each meet are 100, 200, 400, 800, 1600, and 4 x 100 meters. Field events at each meet are Long Jump and Shotput.
- When:** Registration is open from February 1st through March 1st.
First practice (weather permitting) will be held on March 7th.
Practice for Sprinters (100-400 meters) – Tuesdays, Wednesdays, and Thursdays.
Practice for Distance Runners (800-1600) – Tuesdays, Wednesdays, Thursdays, and Fridays.
Meets will be held on Sunday Afternoons beginning in Early April and finishing in Early June.
- Where:** Practices and meets are held at either Parsippany High School or Parsippany Hills High School.

How to Register:

Step 1: Mail the completed registration form and 2 checks payable to **Parsippany Express Track & Field** to:

Parsippany Express Track & Field
C/O Chris De Lucia
55 Westminster Drive
Parsippany, NJ 07054

- Check 1 - \$75 for 1st child, \$50 for 2nd child, \$25 for each additional child.
- Check 2 - \$50 for Volunteer Bond dated June 1st 2017.

Step 2: Register Online with the Parsippany Recreation Department. This requires a small fee.

- The link can be found on the Parsippany Express Track Website on the Registration tab.
<http://www.parsippanyexpresstrack.com/registration>

Volunteers: In order for you to have your Volunteer Bond Check returned you must fulfill a volunteer position. All opportunities will be listed on our website.

We need your help to run a successful program!! We are run completely by volunteers and can always use help. No prior track experience required. If you are interested, please contact Chris De Lucia at 973.240.7168 or registration@parsippanyexpresstrack.com.

Questions: If you have any, please contact Chris De Lucia at 973.240.7168 or email registration@parsippanyexpresstrack.com.



PARSIPPANY EXPRESS TRACK & FIELD
YOUTH SPRING TRACK PROGRAM
2017 Registration Form
www.parsippanyexpresstrack.com

Athlete Information

| | |
|--|----------------------|
| First Name: | Last Name: |
| Birth Date: | Sex (M or F): |
| Address: | City: |
| State: | Zip Code: |
| Preferred Events (circle one): Sprint Long Distance | |
| Age Group (circle one): Bantam (born 2007-2008) Midget (born 2005-2006) Youth (born 2002-2004) | |
| Uniform Type (circle one): T-Shirt Tank-top | |
| Uniform Size (circle one): YS YM YL YXL AS AM AL AXL | |
| Long Sleeve T-Shirt Size (circle one): YS YM YL YXL AS AM AL AXL | |
| Uniform Tops and Long Sleeve T-Shirts can be kept by each athlete. Please note that this year uniform shorts will not be provided. | |

Parent Information

| | |
|----------------------|-------------------|
| First Name: | Last Name: |
| Cell Phone 1: | |
| Cell Phone 2: | |
| Home Phone: | |
| E-mail 1: | |
| E-mail 2: | |

Emergency Information

| | |
|--|---------------------------|
| Contact First Name: | Contact Last Name: |
| Cell Phone: | |
| Home Phone: | |
| List Allergies (if any): | |
| List Medications (if any): | |
| Medical Conditions to be aware of (if any): | |

By enrolling and signing this application, I give my permission to attend any field trip or activity and authorize any medical treatment in my absence for the wellbeing of the child in case of emergency. Please list any special medical or physical needs, medical conditions or allergies the personnel should be aware of. I understand if my child requires an inhaler/epi-pen that the child is responsible for taking it with him/her on any field trip or activity. The applicant, parents, guardians or family members, to the fullest extent permitted by law hereby agrees to indemnify and hold harmless the Township of Parsippany-Troy Hills all of its agents, directors, officers, employees and volunteers and the physician or hospital treating my child, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorneys' fees arising out of, by reason of, on account of, in consequence of, or in connection with their child's participation in the program and various activities, arising from accidents to any persons or property caused by or to the child or other participants or any other person(s) to which this application applies. Parent will be responsible for the conduct of their child while participating in the program and enforce all rules and regulations as required by the Township's Recreational program. Parent agrees and acknowledges that any violations to the rules and regulations will not be tolerated and child may be subject to expulsion from this program and any other Township sponsored program.

By signing and returning the below, I give permission for my child to be photographed for inclusion of the Parsippany Track Website and the Parsippany Express Track and Field Facebook page.

Parent/Guardian Print Name: _____ Signature: _____

For Office Use:

Registration fee Received _____ Check # _____

Volunteer fee Received _____ Check # _____