



## PARSIPPANY EXPRESS TRACK & FIELD YOUTH SPRING TRACK PROGRAM



2019 Season Information  
[www.parsippanyexpresstrack.com](http://www.parsippanyexpresstrack.com)

- Who:** Registration is open to Parsippany Residents born between 2004 - 2010, and must be 9 years old by 12/31/2019. 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 Shot put.
- When:** Registration is open from February 4th through March 31<sup>st</sup>. (Late fee of \$10 after March 1<sup>st</sup>)  
First practice (weather permitting) will be held on March 12<sup>th</sup>.  
Practices will be held Tuesdays through Fridays from 6:30 - 7:15.
- We ask that you attend all the practices that you can. If you can't make a practice, please let your coach know.*
- 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:** 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>

\*Please note - you will not be allowed to practice until you are registered with the recreation department.

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

Parsippany Express Track & Field  
C/O Eileen Hoffman  
47 Forest Drive  
Parsippany, NJ 07054

- Check 1
  - Before March 1<sup>st</sup> - \$75 for 1<sup>st</sup> child, \$50 for 2<sup>nd</sup> child, \$25 for each additional child.
  - After March 1<sup>st</sup> - \$85 for 1<sup>st</sup> child, \$60 for 2<sup>nd</sup> child, \$35 for each additional child.
- Check 2 - \$50 for Volunteer Bond dated June 1<sup>st</sup> 2019.

**Volunteers:** 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 Eileen Hoffman at 973.299.1429 or [petrackfield@gmail.com](mailto:petrackfield@gmail.com)

**Questions:** If you have any, please contact Eileen Hoffman at 973.299.1429 or email [petrackfield@gmail.com](mailto:petrackfield@gmail.com)



**PARSIPPANY EXPRESS TRACK & FIELD  
YOUTH SPRING TRACK PROGRAM**



**2019 Registration Form**  
[www.parsippanyexpresstrack.com](http://www.parsippanyexpresstrack.com)

**Athlete Information**

<b>First Name:</b>	<b>Last Name:</b>
<b>Birth Date:</b>	<b>Sex (M or F):</b>
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>
<b>Preferred Events:</b> Track - Sprint (100m - 400m) Middle Distance (400m- 800m) Long Distance (800m – Mile) Field - Long jump Shot put	
<b>Age Group (circle one):</b> Born 2009-2010      Born 2007-2008      Born 2004-2006	
<b>High School graduation year:</b>	
<b>Uniform Type (circle one):</b> T-Shirt      Tank-top	
<b>Uniform Size (circle one):</b> YS YM YL YXL AS AM AL AXL	
<b>Long Sleeve T-Shirt Size (circle one):</b> YS YM YL YXL AS AM AL AXL	
Uniform Tops and Long Sleeve T-Shirts can be kept by each athlete. Please note that uniform shorts will not be provided.	

**Parent Information**

<b>First Name:</b>	<b>Last Name:</b>
<b>Cell Phone 1:</b>	
<b>Cell Phone 2:</b>	
<b>Home Phone:</b>	
<b>E-mail 1:</b>	
<b>E-mail 2:</b>	

**Emergency Information**

<b>Contact First Name:</b>	<b>Contact Last Name:</b>
<b>Cell Phone:</b>	
<b>Home Phone:</b>	
<b>List Allergies (if any):</b>	
<b>List Medications (if any):</b>	
<b>Medical Conditions to be aware of (if any):</b>	

By enrolling and signing this application, I give my permission to attend practices and meets 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 to the practice or meet. The applicant, parents, guardians or family members, to the fullest extent permitted by law hereby agrees to indemnify and hold harmless the Parsippany Express Track Program and 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 this 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.

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: \_\_\_\_\_