



# Syracuse Chargers



## All Comers Summer Track & Field Meets 2018 @ Syracuse University (Skytop Road facility)

Free Registration at the track for all from 5:20-5:50pm with first running event starting at 6pm

### Meet #1 (Thursday 7/19/18)

400  
3000  
100  
  
Long Jump  
Triple Jump  
Throws\*

### Meet #2 (Thursday 8/2/18)

800  
200  
1500  
100  
  
Long Jump  
Triple Jump  
Throws\*

### Meet #3 (Thursday 8/9/18)

800  
200  
1500  
400  
  
Long Jump  
Triple Jump  
Throws\*

- \* No javelin
- \* Many (not all) Implements will be provided. Please bring your own age-group sanctioned implements "just in case".
- \* All throwers will report at the start of the meet for us to assess a "Throws order of events".
- \* We will try to accommodate all throws and all throwers within reason (you must have experience in terms of safety).
- \* Throwers MUST assist in marking/measuring and recording in order to be allowed to throw.

Questions? [nsmith123@twcny.rr.com](mailto:nsmith123@twcny.rr.com)



Name \_\_\_\_\_ Circle: M F Age today: \_\_\_\_\_

Birthdate \_\_\_\_\_

Address (Street) \_\_\_\_\_

City, State \_\_\_\_\_ Club/School \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Guardian's address (if different from above): \_\_\_\_\_

**Waiver:** In consideration of this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs and executors, and administrators, waive and release any and all rights and claims for damages I may have against the Syracuse Chargers Track Club Inc., Syracuse University, the Road Runners Club of America and all other sponsors and their representatives. I attest and verify that I am physically fit and have sufficiently trained for these events. I am aware that medical support for these meets will be volunteers who will be prepared to administer first aid assistance only. I grant permission to use for legitimate purposes any photographs, motion pictures, recordings, or other images of myself participating in these meets.

I hereby certify that I have read all the terms and conditions of this release and intend to be legally bound thereby.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of parent or guardian for all participants age 17 or younger.)