



6548 Serengeti Circle Littleton, CO 80124  
 zoomtrackclub.org  
 303-925-1853

# ZOOM Track Club

*TNT Series*  
 Recreational Program  
 Ages 6 - 12

## 2008 Registration

### Athlete Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade (Fall '08): \_\_\_\_\_  
 Coach Preference: \_\_\_\_\_ Special Request: \_\_\_\_\_  
 Shirt Size: YS YM YL AS AM AL  
 Practice Preference: Weekday AM Weekday PM

### Parent Information:

Parent / Guardian Name: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Parent / Guardian Name: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Track Experience: \_\_\_\_\_  
 Parent Volunteer Interest: coaching official team parent

Registration Fee ( <b>Deadline June 9, 2008</b> )	\$50
Charitable Team Donation	_____
\$15 Late Fee ( <b>After June 9, 2008</b> )	_____
Total:	_____

<b>Morning Practices:</b> <i>Highlands Ranch HS Track</i>			<b>OR</b> <i>Highlands Ranch HS Track</i>		
<i>Tuesday</i>	<i>July 8</i>	<i>10:00 - 11:00 AM</i>	<i>Tuesday</i>	<i>July 8</i>	<i>7:00 - 8:00 PM</i>
<i>Thursday</i>	<i>July 17</i>	<i>10:00 - 11:00 AM</i>	<i>Thursday</i>	<i>July 17</i>	<i>7:00 - 8:00 PM</i>
<i>Thursday</i>	<i>July 24</i>	<i>10:00 - 11:00 AM</i>	<i>Thursday</i>	<i>July 24</i>	<i>7:00 - 8:00 PM</i>

### TNT Meet Schedule 6:00 PM Highlands Ranch HS Track

Tuesday July 15 Events: 50 Meter 200 Meter  
 Tuesday July 22 Events: 100 Meter 400 Meter  
 Tuesday July 29 Events: 800 Meter Standing LJ

### ZOOM Track Club Release for Participants:

I, the parent or legal guardian of the above named athlete hereby give my permission for my child to participate in the ZOOM Track Club and all activities associated with the program. I assume all risks and hazards incidental to such sports participation. I do hereby release, resolve, indemnify and agree to hold harmless all members of the ZOOM Track Club, its affiliated organizations and facilities utilized for programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.  
 Please list any medical conditions and / or medications: \_\_\_\_\_

### Refund Policy:

ZOOM TC refunds registration fees only if you move out of the Denver Metro Area prior to the start of the season, or if the child is unable to participate due to preseason injury or illness as documented by a physician. Refunds include training fees only, and do not include incurred expenses. Refunds granted are subject to a \$20 handling fee.

Parent/Guardian Signature: \_\_\_\_\_

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

*For Zoom Use*

Payment Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_