

HAWAII MASTERS TRACK CLUB

P.O.BOX 15763, HONOLULU, HI 96830-5763

2014 MEMBERSHIP APPLICATION (MEN + WOMEN 30+)

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____
STREET ADDRESS: _____ APT. _____
CITY _____ STATE _____ ZIP _____
TELEPHONES: HOME: _____ - _____ OFFICE/CELL _____ - _____ FAX: _____ - _____
E-MAIL: _____ @ _____
DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____ 2014 USATF # _____
FAVORITE EVENTS: (CHECK EVENTS IN WHICH YOU PLAN TO COMPETE)
SPRINTS _____, 400/800 _____, 1500/3000/5000 _____, RACE WALKS _____,
HURDLES/STEEPLE _____, LONG/TRIPLE JUMPS _____, HIGH JUMP _____, POLE VAULT _____,
SHOT/DISCUS _____, JAVELIN _____, HAMMER/WEIGHT TOSS _____, SCOTTISH GAMES _____,
PENTATHLON _____, SPRINT PENTATHLON _____, DECATHLON _____, WEIGHT PENTATHLON _____,
4X100 RELAY _____, 4X400 RELAY _____ 4x800 _____ (HMTc HOPES TO FIELD RELAY TEAMS AT
UH WOMEN'S TRACK MEETS, ALOHA STATE GAMES, USATF-HAWAII MEETS AND USATF
AND SENIOR OLYMPICS MEETS ON THE MAINLAND.)
1. I DO NOT PLAN TO COMPETE BUT I WANT TO: OFFICIATE _____, COACH _____, HELP _____,
SPECTATE _____, SUPPORT HMTc _____, RECEIVE THE CLUB NEWSLETTERS _____
2. I PLAN TO BECOME A CERTIFIED USATF OFFICIAL FOR 2012-2016 YES ___ NO ___
3. I PLAN TO SUBSCRIBE TO NATIONAL MASTERS NEWS: YES ___ NO ___
4. I WANT AN HMTc: TEE SHIRT _____ (free to dues paying members)(colors: yellow and red)
I PREFER THE FOLLOWING SIZE: SMALL: ___ MEDIUM: ___ LARGE: ___ XL: ___ XXL: ___

WAIVER: IN PARTICIPATING IN ANY EVENTS SPONSORED OR PARTICIPATED IN BY THE HAWAII MASTERS TRACK CLUB, I THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND HEREBY, FOR MYSELF, MY SPOUSE, CHILDREN, HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST HAWAII MASTERS TRACK CLUB, THE STATE OF HAWAII, OFFICERS AND DIRECTORS OF HAWAII MASTERS TRACK CLUB, OFFICIALS, VOLUNTEERS AND ANY SPONSORS YET TO BE NAMED FOR ANY AND ALL INJURIES SUFFERED BY ME IN THESE EVENTS. I CERTIFY THAT I AM PHYSICALLY FIT TO PARTICIPATE IN TRACK AND FIELD AND/OR DISTANCE RUNNING EVENTS. I CONSENT TO EMERGENCY TREATMENT AND HEREBY RELEASE ALL ATTENDING MEDICAL PERSONNEL FROM ANY AND ALL CLAIMS. I CONSENT TO BE SUBJECT TO RANDOM DRUG TESTS FOR BANNED SUBSTANCES. I AGREE TO ABIDE BY THE COMPETITION RULES OF USA TRACK AND FIELD AND TO BUY AN ANNUAL USATF CARD BEFORE COMPETING IN PRACTICES AND EVENTS SPONSORED BY HAWAII MASTERS TRACK CLUB, USATF AND USATF-HAWAII.

YOUR SIGNATURE _____ DATE _____

MEMBERSHIP DUES: (ACTIVE MEMBERS)

\$25 OR:

or MAILING LIST ONLY (INACTIVE, NONRESIDENTS)

\$ 5

VOLUNTARY DONATION FOR CLUB NEEDS

+\$

+\$

WRITE CHECK PAYABLE TO: **HAWAII MASTERS TRACK CLUB** TOTAL : \$ _____ \$ _____

MAIL THIS FORM AND CHECK TO: **HMTc, PO BOX 15763, HONOLULU, HI**

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