

GIRLS
(TUE- 2/23/16)

SCHOOL: _____

Please Circle Gender and fill in school name

BOYS
(WED-2/24/16)

(Start Time - 4:15 p.m.)

Print or Type Only Please!.

Coaches Name: _____

School Address: _____ Coaches Evening Phone _____

Town/City _____ School Phone: _____

COACH'S EMAIL: _____

Please check all that apply:

Single-waiver submitted: _____ Single-pay account: _____ PO #: _____

Student-Athlete[s]

LAST NAME

FIRST NAME

GRADE (Fr, So, Jr, Sr)

LAST NAME	FIRST NAME	GRADE (Fr, So, Jr, Sr)

MAIL ALL ENTRIES AND CHECKS MADE PAYABLE TO "MSTCA" TO:

Mr. Ian Butterfield

Shrewsbury High School

64 Holden Street

Shrewsbury, MA 01545

Questions: (508) 841-8804 EMAIL: ibutterfield@shrewsbury.k12.ma.us

I attest that the athletes representing our high school in the pentathlon are in good standing. Our school district recognizes that there are certain risks associated with participation in this sport and hereby waives, releases and holds harmless the Mass State Track Coaches Association, its officers, sponsors, supervisors and representatives for any injury that might be incurred by one of our athletes in the normal course of participation in this event.

School: _____ Athletic Director's Signature: _____

AD Name: _____ AD Phone : _____

Coaches Signature _____ Date: _____