

**MAIL TO:**  
 Village of Louisville  
 c/o Financial Department  
 2501 Grand Ave  
 Louisville, KY 40210  
 (502) 365-1723  
[info@thevillageoflouisville.org](mailto:info@thevillageoflouisville.org)



OFFICE USE ONLY	
Date Rec'd:	_____
Entry Fee Paid:	_____
Late Fee Paid:	_____
Check #:	_____
M.O. #	_____

**Entry Form – Village of Louisville Track Meet**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Age (day of meet): \_\_\_\_\_ Date of Birth: Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Name of School \_\_\_\_\_

.....  
**PERSON TO NOTIFY IN CASE OF EMERGENCY** Relationship: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

.....

**Elementary School Level**  
**Check Event Below:**  
 \_\_\_ 100 M  
 \_\_\_ 200 M  
 \_\_\_ 400 M  
 \_\_\_ 800 M  
 \_\_\_ 4 X 100 M  
 \_\_\_ 4 X 400 M  
 \_\_\_ Long Jump  
 \_\_\_ Baseball Throw

.....

**Middle School Level**  
**Check Event Below:**  
 \_\_\_ 1600 M  
 \_\_\_ 4 X 100 M  
 \_\_\_ 800 M  
 \_\_\_ 100 M  
 \_\_\_ 400 M  
 \_\_\_ 200 M  
 \_\_\_ 4 X 400 M  
 \_\_\_ Long Jump  
 \_\_\_ Shot Put

**MEDICAL CONSENT AND WAIVER FORM (Please read and sign below):**

**MEDICAL CONSENT AGREEMENT**

I hereby authorize the Village of Louisville and Training Staff or their designate to treat the above participant for any injury or illness they sustain during the Village of Louisville Track Meets.

I authorize all necessary medical treatment and admission to any hospital designated by the Medical and Training Staff if advanced care (X-rays, tests, etc.) is required.

It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or if surgical procedures are necessary.

**PARTICIPANT WAIVER**

WAIVER in consideration of my entry into the competition known as the Village of Louisville Meets: I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of performance of the Jefferson County Government, Village of Louisville Board of Directors, committees, sponsors, institutions, organizations, school systems, or others involved in the Meets, as well as the National Governing Bodies, their agents, representatives, successors, and assigns of the parties names above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from the competition in the Village of Louisville Track Meets. I, the undersigned, declare on my honor that I am an amateur and fulfill the conditions stipulated by the Village of Louisville Board of Directors and all committees.

I agree that I will compete in the events, keep myself in top physical condition, retain my amateur status, and make myself available for training as I deem advisable. I certify that to the best of my knowledge and belief, I am in good physical condition and have no disease or injury that would keep me from doing my best in competition.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Village of Louisville Track Meets in any manner incidental to my participation in the Village of Louisville Track Meets and without compensation to me.

**Participant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_