

# Registration Form

## Bill Butterworth Classic Open / Masters / Youth Indoor Meet Saturday, January 4, 2014



**The Heskett Center - Wichita State University**  
*Sponsored by The Shocker Track Club, Inc.*



**\*\*\*Entry Fee: \$35 per Athlete (5 events) \$5 per additional.\*\*\*** USATF Sanctioned  
**YOUTH ATHLETES ARE \$25 – FLAT FEE**

**Complete this Registration Form and Mail to:**

Shocker Track Club  
(Attention: Chandra Andrews)  
1845 Fairmount, Wichita KS 67260

**Checks made payable to “Shocker Track Club, Inc.”**  
**Contact: Larry Staton, Email: [STCsprinter@gmail.com](mailto:STCsprinter@gmail.com)**  
**Phone: 316-214-4655**

### Registration Deadlines:

*Registration by Mail DEADLINE: Postmarked by Friday, December 28.*

*Registration by email DEADLINE: Thursday, Jan. 2 @ 10:00 a.m.*

*Checks may be mailed or will be accepted the day of the meet. No Refunds*

**This Meet** is open to all age groups: YOUTH (Ages 5 through 18), OPEN - all men and women ages 19 through 80+. Athletes will compete in 5-year age groups (i.e. 30-34, 35-39, 60-64, 65-69 and so on). Your age group is determined by your date of birth on or before the day of the meet within the year 2014.

### 9:00 A.M. FIELD EVENTS:

### 1:00 P.M. RUNNING EVENTS: as followed (Youth eligible events in red)

I want to participate in the following events: *Please list most recent times or marks.*

<input type="checkbox"/> 60 Meter	<input type="checkbox"/> 60 Meter Hurdles	<input type="checkbox"/> Standing L.J.	<input type="checkbox"/> Pole Vault
<input type="checkbox"/> 200 Meter	<input type="checkbox"/> Mile Run	<input type="checkbox"/> Long Jump	<input type="checkbox"/> Shot Put
<input type="checkbox"/> 400 Meter	<input type="checkbox"/> 3000 Meter	<input type="checkbox"/> Triple Jump	<input type="checkbox"/> Pentathlon
<input type="checkbox"/> 800 Meter	<input type="checkbox"/> 1500 Meter	<input type="checkbox"/> High Jump	<i>Masters Only</i> <input type="checkbox"/> 1500 R Walk
<input type="checkbox"/> 1000 Meter	<input type="checkbox"/> Co-Ed Relay (No Cost)	<input type="checkbox"/> Weight Throw	<input type="checkbox"/> 3000 R Walk

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age Group \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Yes, I am interested in a T-Shirt \_\_\_\_\_  
Phone \_\_\_\_\_ Shirt Size \_\_\_\_\_ T-Shirts will be available for \$12.00

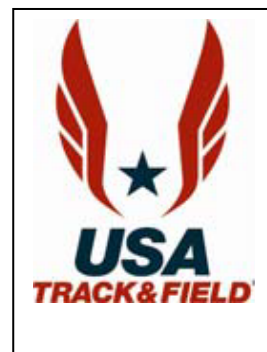
## Schedule of Events

**Bill Butterworth Open/Masters & Youth Indoor Meet  
Saturday, January 4, 2014**



**The Heskett Center - Wichita State University  
Wichita, Kansas**

*Sponsored by The Shocker Track Club, Inc.*



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Complete Registration Form and  
Complete Liability Waiver, Page 3

### 9:00 A.M. FIELD EVENTS

Weight Throw, Shot Put, Long Jump, Standing Long Jump, High Jump, Triple Jump, **Pole Vault**

9:00 A.M.----- Pentathlon 60 Meter Hurdles

12:45 P.M. - Ceremony Honoring Mr. Bill Butterworth

### 1:00 P.M. Running Events

1:00 ----- Mile Run/1500 Meter Combined (**Youth 1500m**)  
1:20 ----- 60 Meter Hurdles  
1:40 ----- 1000 Meter, Pentathlon  
2:00 ----- 60 Meter Dash (**Youth 60m**)  
2:20 ----- 3000 Meter Race Walk  
2:35 ----- 200 Meter Dash (**Youth 200m**)  
2:55 ----- 800 Meter Run (**Youth 800m**)  
3:15 ----- 1500 Meter Race Walk  
3:30 ----- 400 Meter Dash (**Youth 400m**)  
3:45 ----- 3000 Meter Run  
4:00 ----- Co-Ed Relay 4x100

\*\* Events in **red** are events that our youth are eligible to compete in

Events will be run according to the above time schedule. No rolling schedule will be applied.  
FAT times for all running events.

**Masters Indoor Pentathlon** – Men's: 60 M Hurdles, Long Jump, Shot Put, High Jump, 1000 Meters  
Women's: 60 M Hurdles, Long Jump, Shot Put, High Jump, 1000Meters Pentathlon events open to  
Masters athletes only. The events must be run in the order listed above.

The athlete competing in the Pentathlon field events are allowed 3 attempts. If the Pentathlon athlete  
wishes to compete in the Masters field events, he/she may do so with one attempt allowed beyond the  
first three attempts. The fourth attempt does not count for the Pentathlon.

**Contact: Larry Staton, Email: [STCsprinter@gmail.com](mailto:STCsprinter@gmail.com)  
Phone: 316-214-4655**

**Liability Waiver**  
**(Must be signed to compete in The Wichita Masters/Open Meet)**

In consideration of being allowed to participate in, or assisting others in participating in **The Wichita Masters/Open Meet**, its related events and activities, the undersigned acknowledges, appreciates, and agrees that: **1.** The risk of injury involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, **2.** I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and **3.** I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, **4.** I, for myself, and on behalf of my heirs, assign personal representatives and next of kin, hereby release and hold harmless **The Shocker Track Club, Inc.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, sponsors, and, if applicable, owners and lessors of premises used to conduct the event (“releasees”), and in particular, **Wichita State University and The Heskett Center**, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

**SIGN HERE TO PARTICIPATE**

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\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

By affixing my signature hereto, I attest that I am physically fit and have trained sufficiently for the activities in which I intend to participate and the events I have chosen to enter. The Shocker Track Club, Inc. and its representatives, employees, and volunteers have permission to obtain immediate medical care and I consent to hospitalization, the performance of necessary diagnostic tests, the use of surgery, and/or the administration of drugs in an emergency. I understand that I am responsible for payment of medical expenses.

Name of Insurance Policy: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Physician’s Phone #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact’s Phone #: \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_