

Registration Form

Bill Butterworth Open/Masters Indoor Meet

Saturday, January 31, 2015



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



*****Entry Fee: \$35 per Athlete (5 events) \$5 per additional.***** USATF Sanctioned
OPEN, Ages 19-29 ONLY: \$5 per event for Open Athletes Only.

Registration for PowerWalk ONLY will be \$10)

Complete this Registration Form and Mail to:

Shocker Track Club (Attention: Ryan Patton) 1845 Fairmount, Wichita KS 67260

Checks made payable to "Shocker Track Club, Inc."

Contact: Larry Staton, Email: STCsprinter@cox.net

Phone: 316-214-4655

Registration Deadlines:

*Registration by **MAIL DEADLINE:** Postmarked by Monday, January 26th.*

*Registration by **EMAIL DEADLINE:** Thursday, Jan 29th @ 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 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 2015.

9:00 A.M. FIELD EVENTS

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

1:00 P.M. Running EVENTS

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

- | | | | |
|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> 60 Meter* | <input type="checkbox"/> 1500 Meter* | <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"/> 300 Meter* | <input type="checkbox"/> 3000 Meter | <input type="checkbox"/> Triple Jump | <input type="checkbox"/> Weight Throw |
| <input type="checkbox"/> 400 Meter* | <input type="checkbox"/> 1500 RaceWalk | <input type="checkbox"/> High Jump | |
| <input type="checkbox"/> 800 Meter* | <input type="checkbox"/> 3000 M RaceWalk | <input type="checkbox"/> 1500 Meter PowerWalk (\$10 if only event) | |

Name: _____ Women's _____ Men's _____

Date of Birth _____ Age Group _____ Email _____

Address _____ **Yes, I am interested in a T-Shirt** _____

Phone _____ Shirt Size _____ *T-Shirts will be available for \$15.00*

Schedule of Events

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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, Triple Jump are Cafeteria Style
Four attempts will be allowed for the above listed Field Events.

IMPORTANT NOTE: Weight Throw will be completed before Shot Put begins.

Athletes are responsible for their own implements.

High Jump and Pole Vault will be run with progressive heights.
Three attempts per height until eliminated.

Please check in with each event official when you arrive. Try to move from event to event as quickly
and efficiently as possible.

12:55 P.M. - Ceremony Honoring Mr. Bill Butterworth

1:00 P.M. Running Events

No rolling schedule will be applied.

1:00 ----- Mile Run/1500 Meter Combined
1:20 ----- 60 Meter Dash
1:40 ----- 60 Meter Hurdles
2:00 ----- 1500 Meter Racewalk
2:20 ----- 200 Meter Dash
2:35 ----- 800 Meter Run
2:55 ----- 3000 Meter Racewalk
3:15 ----- 300 Meter Dash
3:30 ----- 3000 Meter Run
3:45 ----- 1500 Meter POWERWALK
4:00 ----- 400 Meter Dash

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

**Contact: Larry Staton, Email: STCsprinter@cox.net
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

***** _____ *****
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 _____