CHILDREN'S SPECIALIZED HOSPITAL
34th Annual Invitational
Track and Field Meet
May 5, 2018

JUNIOR COMPETITORS **Classes 31 - 38** ASUSA # _____
(Please Print or Type)

NAME: _____ TEAM AFFILIATION: _____

ADDRESS: _____ TOWN: _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ CONTACT # _____

JUNIOR DIVISION: U7 (Futures) U11 U14 U16 U18 U20 U23 DATE of BIRTH: _____ Age as of 12/31/18: _____
Please circle age division based on age as of 12/31/18

ASUSA CLASSIFICATION: T _____ F _____ TRR _____ DIAGNOSIS: _____

If 1st time at this meet, please check _____ Classification needed? Yes ____ No ___ Classification is for this meet only

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