



USATF GULF ASSOCIATION MASTERS OPEN



MEET INFORMATION

- DATE:** Sunday, February 18, 2018
- SITE:** Yeoman Fieldhouse, University of Houston Athletics/Alumni Center, 3204 Cullen Blvd., Houston, Texas 77204
- SCHEDULE:** See page 2.
- FACILITY:** Yeoman Fieldhouse has flat, six lane, 200-meter oval with an eight lane straightaway. The track and runways are Mondo Super-X. Throwing surfaces are plywood.
- PARTICIPANTS:** Masters/Seniors Men & Women (athletes ages 30 & up ONLY)
- ENTRY PROCEDURE:** Entry opens Jan. 1 and will close at Noon on Feb. 9. Entries must be completed using the Direct Athletics website www.directathletics.com.
- ENTRY FEE:** The entry fee is \$35 per athlete (2 events), \$10 per each additional event. Late entries will be accepted the day of the meet for an extra fee of \$10 for the first two events (\$50), and an extra \$5 per additional event (\$10). You will receive a wristband at the welcome table, located near the starting line.
- MEET FORMAT:** All running events will be finals against time.
- RULES:** In the horizontal jumps and throws each competitor will be given six jumps and six throws only, no finals. In the vertical jumps each competitor will be given three misses at each height.
- SPECTATOR ENTRY:** Admission is free for all spectators
- WARM-UP AREA:** General warm-up can be done outside (either on the outdoor track or grass field), if weather permits. In the event of inclement weather, athletes will be able to warm-up inside at the discretion of meet management. Inside the fieldhouse, the Sport Court area at the end of the track can be used for stretching. A Houston Athletics trainer will be set up in this area.
- CHECK-IN:** All field events will check-in at the event. All oval races will be heated at the starting line.
- RESULTS:** Results for the meet will be posted at <http://www.uhcougars.com/sports/c-track/home-meet-info.html>
- IMPLEMENTS:** Implements will be certified in the event site. Competitors must bring their own implements.
- WAIVER:** All participants must fill out the following waiver prior to competition. We also encourage you to become a member of USATF (www.usatf.org/membership)
- PARKING:** Parking for the event will be located in Lot 16B, across the street from the Athletics/Alumni Facility.
- AWARDS:** Awards will be given to the top three finishers in each event.

If you have an questions, please contact Will Blackburn at wblackburn@uh.edu



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SCHEDULE

FIELD EVENTS

10:00 a.m.	Men's & Women's	Weight Throw	Final
	Men's & Women's	Shot Put (follows Weight Throw)	Final
10:00 a.m.	Men's & Women's	Long Jump	Final
	Men's & Women's	Triple Jump (follows Long Jump)	Final
11:00 a.m.	Men's & Women's	Pole Vault	Final
11:00 a.m.	Men's & Women's	High Jump	Final

RUNNING EVENTS (Rolling Schedule)

11:00 a.m.	Men's & Women's	1 Mile Race/Walk	Final
	Women's	60 Meter Hurdles	Final
	Men's	60 Meter Hurdles	Final
	Women's	60 Meter	Final
	Men's	60 Meter	Final
	Men's & Women's	Mile	Final
	Women's	400 Meter	Final
	Men's	400 Meter	Final
	Women's	800 Meter	Final
	Men's	800 Meter	Final
	Women's	200 Meter	Final
	Men's	200 Meter	Final
	Men's & Women's	3000 Meter	Final
	Women's	4x200 Meter Relay	Final
	Men's	4x200 Meter Relay	Final

**Be advised that some races may be combined (genders) if there are not enough participants



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WAIVER TO COMPETE

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP: _____

Phone: (____) _____

Email (Print Clearly): _____

Gender: _____

I hereby authorize the staff of the University of Houston Masters/Seniors Invitational, and its affiliates, to act for me according to their best judgment in any emergency requiring attention. I hereby waive and release the University of Houston, the University of Houston Masters/Seniors Invitational, its affiliates, coaches, and facilities of all legal responsibility in the event of an injury to myself or others. I know of no mental or physical problems that might affect my ability to safely participate in this program. I will be responsible for any medical or other charges in connection with my attendance at the program. Any health or medical problems concerning myself have been listed on the area provided: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

INSURANCE COMPANY: _____

POLICY #: _____

SIGNATURE: _____ **DATE:** _____