



JUNIOR NATIONAL CHAMPIONSHIPS
Richmond, VA- June 16 - 17
REGISTRATION FORM
 (Please Type or Print all information)

OFFICE USE ONLY	
DECLARED	_____
_____	USATF Card
_____	Proof of Performance
_____	Signatures
_____	Birth Certificate or Passport
_____	Entry Paid
_____	Late Entry Payment Required

Name Gatlin Justin A.
Last Name First Name Initial

Home Address 5906 Walton St. Ht. 6.1 Wt. 170

City Pensacola, State FL Zip 32503 Sex M F

Birth Date 2/11/82 E-Mail jpgatlin@utk.edu

Day Phone (865) 405-7649 cell Evening Phone (_____) same

Coach's Name VINCE ANDERSON

Coach's Work# (865) 974-9441 Coach's Home# (865) 588-1688

2001 USATF No. pending Club (School) UNIV. OF TENNESSEE

Where will you be staying? (Hotel Name) _____ # of Nights _____

EVENTS ENTERING

Event	Qualifying Mark			Qualifying Meet Information		
	Mark	Implement	Hurdle Height	Name of Meet	Site	Date
100	10.12	FAT HT		Gatorade	KNOXVILLE TN	4/7/01
200	20.55	FAT		Sea Ray Relays	"	4/13/01
110m HUR	13.74	FAT	42"	Gatorade	"	4/7/01

Events entered @ \$10.00/event ...\$ 30

Entry into Hep./Dec. @ \$10.00\$ _____

Total Amount of Entry Fees\$ 30

Mail to :USA Jr. National Track and Field Championships
 c/o Tim Lampe
 Stuart C. Siegel Center
 1200 West Broad Street
 PO Box 843013
 Richmond, VA 23284-3013

Make check payable to: Richmond Sports Backers

In consideration of my entry being accepted, I, intending to be legally bound do hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against USA Track & Field, Inc., Virginia Commonwealth University, Richmond Sports Backers or any of the other event sponsors, or their respective officers, agents, employees, representatives, successors, assigns from all claims or liabilities of any kind arising out of my participation in the 2001 USATF Jr. National Championships even though that liability may arise out of the negligence or of any entity or persons covered by this waiver. I recognize that attendance or participation in the event carries risks, including, but not limited to, injury, illness or death. If I should suffer injury or illness, I authorize the officials of the event to use their discretion to have me transported to a medical facility, and I take full responsibility for this action. I warrant and represent that I am physically fit to engage in the competitions I have entered. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose of the event whatsoever. I have read the above release and agree to everything stated above.

Athlete's Signature Justin A. Gatlin Date 4/23/01

Parent/ Guardian Signature _____ Date _____

IMPORTANT INFORMATION on the other side — SIGNATURES REQUIRED !!!

GATLIN V. UNITED STATES ANTI-DOPING AGENCY INC Doc. 22 Att. 7

WARNING: TO ALL ATHLETES!!

Drug Testing is NOT just about Anabolic steroids!

Read this VERY IMPORTANT information regarding drug testing at this event and how taking Supplements, Cold, Asthma and Allergy medications could affect your eligibility.

Some common nutritional **SUPPLEMENTS** and over-the-counter **COLD & ALLERGY** medicines contain prohibited stimulants like ephedrine, pseudoephedrine, phenylpropanolamine and other related substances. If you take a training **SUPPLEMENT** or **COLD** or **ALLERGY** medicine that contains a prohibited substance before competing at this event, you may **TEST POSITIVE** and be disqualified from the competition and lose your spot on the USA National team.

Examples of common medicines that contain prohibited substances:

- Chlor-Trimeton Decongestant
- Seldane-D
- Sudafed
- Actifed
- Tavist-D
- Dimetapp
- Benadryl decongestant

This list is **NOT** all-inclusive. There are many more medicines and supplements that contain prohibited substances.

ASTHMA inhalers may contain restricted substances. A medical notification form must be on file with the US Anti-Doping Agency prior to competition. (Filling out a medical notification form for a prohibited medication may **NOT** allow you to use the substance during competition; it depends on the substance)

PRESCRIBED medications may contain prohibited substances. A doctor's prescription does not allow you to take a prohibited medication or substance.

BE SAFE!! BE SURE!!

BEFORE you take or use any over-the counter, medicines, nutritional supplements or inhalers call the US Anti-Doping Agency Drug Reference Hotline at **1-800-233-0393.**

I have read the above and understand that some common nutritional supplements and over-the-counter cold and allergy medicines contain substances prohibited by the IAAF & USADA and that I can not take them prior to competing at the USA Track & Field Jr. Championships or any other USATF competition. I further understand that I should contact the US Anti-Doping Agency Drug Reference Hotline at 1-800-233-0393 before taking any medicine prior to my competing at the USA Track & Field Junior National Championships.

NAME (Please print) JUSTIN GATLIN

Athlete Signature *Justin Gatlin*

Coach or Parent Signature *[Signature]* Date 4/20/01



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 2001 USATF No. pending Club School UNIV. OF TENNESSEE
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 (JUN 15, 16, 17)

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Athlete's Signature Justin A. Gatlin Date 4/23/01
 Parent/Guardian Signature Willie J. Gatlin Date 4/24/01

IMPORTANT INFORMATION ON THE OTHER SIDE - SIGNATURES REQUIRED BY

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