

# *Track and Field Participation Form*

## **Track Meets**

**Saturday, May 8, 2010**

**9:00 a.m.**

**S.J. Parks and Rec. City Wide Meet  
Leland High School**

**Sunday, May 16, 2010**

**9:00 a.m.**

**Archbishop Mitty High School**

*I authorize my student, \_\_\_\_\_  
To participate in the track and field program for the  
2010 season. **Deadline for registration is Tuesday,  
March 16.***

*Parent Signature \_\_\_\_\_*

*Parent E-mail Address \_\_\_\_\_*

*Phone Numbers (where you can be reached in the event of an emergency).*

\_\_\_\_\_  
*Help is needed at practices and the day of the event. Parents and older  
siblings are welcome to assist in the time trials and measurements. If you  
have experience in track and field, great!... but not necessary. Equipment is  
provided.*

*Please list below what sports you are currently participating with play and  
practice times noted.*

*If you have any questions, please contact coach Bruce Vong @ 265-2678*

# HOLY FAMILY SCHOOL SPORTS EMERGENCY FORM

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

**For serious illness/accident may we contact your doctor/ dentist? YES \_\_\_\_\_ NO \_\_\_\_\_**

INSURANCE \_\_\_\_\_ MED NO. \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**If parent's cannot be reached, contact the following person's, who know their names have been submitted, to act in my behalf:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## **HEALTH INFORMATION:**

Has your child had any recent serious illness, injury or operation? \_\_\_\_\_

Does your child have any allergies or asthma? \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_

Is there any emotional, mental or physical condition for which your child is under medical supervision? \_\_\_\_\_

Is there any conditions which might result in a medical emergency? \_\_\_\_\_

**If "yes" to any of the above, give details on back of this form.**

In case of minor injury, I authorize First Aid to be administered to my child by a person qualified to render such service.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COACH / STUDENT / PARENT COMMITMENT  
FORM**

**AGREEMENT / SIGNATURES**

*I / WE HAVE READ THE HOLY FAMILY SCHOOL ATHLETIC POLICY AND BY  
SIGNING BELOW AGREE TO THE TERMS AND CONDITIONS SET FORTH.*

\_\_\_\_\_  
PRINT STUDENT'S NAME

\_\_\_\_\_  
COACH'S SIGNATURE      DATE

\_\_\_\_\_  
STUDENT'S SIGNATURE      DATE

\_\_\_\_\_  
ATHLETIC DIRECTOR'S      DATE  
SIGNATURE

\_\_\_\_\_  
PARENT'S SIGNATURE      DATE

\_\_\_\_\_  
ASSISTANT COACH'S SIGNATURE  
DATE