



# DeSales Catholic School

*Challenged by Faith. Inspired by Knowledge.*

## 2010 PAROCHIAL CO-ED TRACK

The 2010 Track season will be upon us shortly. We anticipate a start date for practices to begin as early as April with track meets to begin in May. There was no fee to participate last year. Depending on resources available, there may again be no fee or a nominal fee of \$10.

Last year was our first year back. We know that:

- ✓ 3 Track Meets (one local), held on Saturdays
- ✓ Practices scheduled based on Emmett Belknap Track availability
- ✓ Events were 75 yard dash, relay, softball throw, long jump
- ✓ Participation in all events possible
- ✓ Ribbons for all place finishers
- ✓ Gym uniforms to be worn at Track Meets
- ✓ Tremendous need for parental assistance (especially at Meets)
- ✓ K-8 (but parental assistance required for K-1 participation)

***As with most activities we rely on the support of our family volunteers. If you have the desire to support the program, you can express your interest by filling out the required information on the Registration & Parent Permission Form.***

Please fill out the attached Registration & Parent Permission for Sports Participation form. A current Medical Release form is also required. Practices will begin shortly. If there are any questions, please feel free to contact Mike Connolly at [mikeconnolly@roadrunner.com](mailto:mikeconnolly@roadrunner.com) or by calling 696-2720.

Thank you!



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## REGISTRATION & PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Homeroom: \_\_\_\_\_

Name of Parent / Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in Track during the school year 2010. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

If you would like to help, please indicate: **Coach / Timekeeper / keeper of peace**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency and I cannot be reached, call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Or

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in track and he/she has been in good health since, having no accidents or major illness.

Please complete a Sports Medical Release Form (Unless one has been submitted and on file for the current academic year).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_