

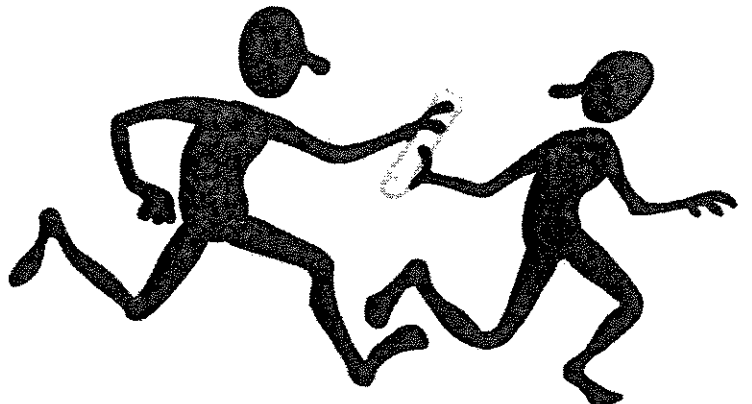
# TRENTON CATHOLIC ACADEMY TRACK

Dear Parents/Guardians,

Welcome to the TCA elementary track program. Here is relevant information:

1. Students may join BOTH track and soccer teams.
2. Attached registration forms and \$35 registration fee per child (\$50/family) for the track team, are due by Monday, March 18th (check payable to TCA). Any problems meeting this deadline need to be resolved with Ms. Renee Rogers, the school assistant athletic director, BEFORE the deadline, or risk missing the season. Students can turn in the registration and money to their homeroom teacher, Ms. Renee, or Mr. Haneman.
3. First practice - Wednesday, March 20th
4. Practice days - Monday, Wednesday, and Friday, 2:30 - 4:00. *There will be NO practice on half-days.* Students not picked up on time will be signed into extended care and you will be charged accordingly (track meets may occur on days other than practice days).
5. To compete in track meets, students must attend practice. Chronic absences may result in team dismissal, or may prevent an athlete from participating in the CYO meet.
6. Inclement weather will NOT cause practices to be cancelled, (practices will be moved indoors) but it will cause track meets to be postponed. Check school website link under "Mr. Haneman" for meet cancellations.
7. A track meet schedule will be forthcoming. Parents may be needed to help with meets, including the CYO meet. We are hoping a parent would video the home track meets and the CYO meet. Please let Mr. H. know if you can.
8. Practice attire should include weather-appropriate clothing and quality running shoes. Home track meet attire should include the TCA gym uniform.
9. Parents, please put email address on spring registration.

Mr. Haneman ([thaneman@trentoncatholic.org](mailto:thaneman@trentoncatholic.org))



TCA AA LOWER SCHOOL TRACK REGISTRATION  
SPRING 2019

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

PARENT: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

**EMERGENCY CONTACT:**

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

**HEALTH INFORMATION**

DOCTOR'S NAME OR MEDICAL GROUP \_\_\_\_\_

TEL. # \_\_\_\_\_

I HAVE ACCIDENT AND HEALTH INSURANCE. \_\_\_\_\_

I DO NOT HAVE ANY ACCIDENT OR HEALTH INSURANCE \_\_\_\_\_

PLEASE LIST ANY ALLERGIES, INJURIES, ETC. \_\_\_\_\_

TRACK \_\_\_\_\_

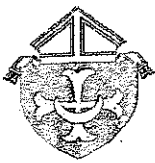
❖ PLAYER'S NAME:	GRADE:	T-SHIRT SIZE:	BIRTHDAY:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*BIRTH CERTIFICATE COPY AND CYO WAIVERS REQUIRED TO PARTICIPATE\*\***

**I AGREE TO PICK MY CHILD UP NO MORE THAN 10 MINUTES AFTER THE SCHEDULED END TIME OF EACH PRACTICE. AFTER 10 MINUTES, MY CHILD WILL BE PLACED IN THE AFTERCARE PROGRAM AND I WILL BE CHARGED THE CURRENT AFTERCARE FEE.**

FEE: TRACK: \$35 per participant / \$50 per family

PAID:



## DIOCESE OF TRENTON "CODE OF CONDUCT"

(TO BE READ AND SIGNED BY ALL PARENTS, GUARDIANS AND PLAYERS)

Interscholastic and youth sports programs play an important role in the promoting of the physical, social and emotional development of children. It is therefore essential for the parents, coaches, and officials to encourage young athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and will conform my behavior to the following "Code of Conduct".

1. I will remember that children participate to have fun and that the game is for the child and not the adults.
2. I will learn and abide by the policies of the league.
3. I (and my guests) will be a positive role model for my child by encouraging sportsmanship, by showing respect and courtesy, and by demonstrating positive support for players, coaches, officials and spectators at every game, practice or other sporting event.
4. I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing or taunting, refusing to shake hands, or using profane language or gestures.
5. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
6. I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex or ability.
7. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
8. I will promote the welfare and physical well-being of the athletes ahead of my personal desire for my child to win.
9. I will respect the officials and coaches and their authority during games and will never question, discuss or confront a coach or official at the game or on the field.
10. I will demand a good sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
11. I will refrain from coaching my child or other players during games or practices, unless I am one of the official coaches.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but not be limited to the following:

- Verbal warning by official, head coach, and/or head of league or organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through official or coach
- Parental season suspension

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Parent/Guardian Name

Date

Print Name \_\_\_\_\_

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Player Name

Date

# MERCER COUNTY CYO

## Permission to Participate

I give permission for my child \_\_\_\_\_ to participate in CYO Athletics for \_\_\_\_\_ school / parish.

Parent's or Guardian's Signature \_\_\_\_\_

## Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Parent or Guardian's Signature \_\_\_\_\_

## Acknowledgement of Risk/Waiver and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognized that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expensed incurred as a result in my child's participation in CYO Athletics. I agree to: (A) waive and relinquish; (B) fully release and discharge; and (C) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent or Guardian's Signature \_\_\_\_\_

## PARENT / EMERGENCY CONTACT INFORMATION

Mother / Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Father / Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

In case we are unable to reach you, please give us two emergency contacts:

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_