

Name \_\_\_\_\_

Runner \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Grade \_\_\_\_\_

ST. FRANCIS OF ASSISI  
**SPRING TRACK**  
**2019**

Your Track packet contains the following information:

1. Registration Cover Page
2. Permission and Medical Slip
3. T-shirt form
4. Day Care form
5. Volunteering at Meet (Mandatory)
6. Transportation
7. Schedule
8. Meet location and date
9. Uniforms
10. Fee
11. Sports Policy
12. Parent Participation
13. NVJCYO Rules



**PLEASE SIGN THIS PAGE and return it along with ALL forms to the school office by Tuesday, March 12.** Forms must be received before your student can participate in practice or the meet.

By signing this page, this will act as confirmation that your student wants to participate in Track and Field and that you have read the information in the packet and agree to all rules, procedures and fees.

Parent's name \_\_\_\_\_

Please Print

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE:** Due to the large number of students interested, the coach will need several parents to help at the practices. We will need a minimum of 5 additional adults in order for practice to start. Please arrive at the first practice by 3:00pm to meet with the Sports Director.

**Parent Email:** \_\_\_\_\_

**PERMISSION AND MEDICAL SLIP**

Runners' Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Participant's Name (Please Print) Home Phone Gender Date of Birth Grade

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Parent's Name Mobile Phone Work Phone

**Safety:** As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

\_\_\_\_\_  
Signature of Participant Date

**Parental Permission and Liability Release:** As parent/legal guardian of the participant named above, I give my permission to participate fully in Track from Mar. 13, 2019 to May. 19, 2019  
*Name of Sport Start Date End Date*

I agree to indemnify and hereby release the The Most Reverend Michael F. Burbridge, Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned sport/event (including transportation to and from the sport/event). Furthermore, I, on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

**Informed Consent to Medical Treatment:** I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Photo:** Also, I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing.

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First and Last Name

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Health Information:** Are there any medical conditions which may affect the participant's involvement in the above sport /event? \_\_\_\_\_

List medical conditions, or if none, write NONE

Are there any known allergies including any allergies to medicine: \_\_\_\_\_

**Physician and Medical Insurance:**

Primary Health Provider: \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described sport/event and I freely execute this Acknowledgement with full knowledge of its content.

\_\_\_\_\_  
Parent signature Date



# **MANDATORY - VOLUNTEERING AT THE MEET**

No track meet can operate without volunteers to run it. In the past, we would call for help at the meet but that is no longer an option. Each parish must provide help per meet.

In other words: 1 volunteer per 10 participants.

**St. Francis has volunteered in the following areas:**

VARSITY (7<sup>th</sup>/8<sup>th</sup>) Clerk of Course

FROSH (3<sup>rd</sup>/4<sup>th</sup>) Clerk of Course

JV (5<sup>th</sup>/6<sup>th</sup>) Turbo Javelin

If we do not fulfill our obligation in each meet, those grades will not be allowed to participate.

# Spring Track Meet 2019

**Meet Date:** May 18, 2019  
**Place:** Bishop O'Connell H.S.  
**Time:** details to follow

Dear Parents,

Your student has signed up to participate in Spring Track. If he/she will be participating, please fill out the attached forms and return them to the school by the first practice.

**Practice Times: Wednesday 3:15 – 4:30pm beginning March 13th  
Friday 1:40-3:00pm**

**Registration Fee:** \$21.00

**T-shirt:** \$17.00 (if you have a t-shirt from before, you do not need to order a new one)

**MAKE CHECK PAYABLE TO: ST. FRANCIS OF ASSISI**  
**Subject: track**

**The following forms must be filled out and returned to school**

1. Registration cover sheet
2. Permission and Medical slip - do not forget your email at top of page
3. T-shirt form – do not forget to circle size and name of runner
4. Day Care – if student is not picked up on time from practice, they must sign into day care at the parents' expense.

**What to wear:** loose fitted clothing, socks and supportive athletic shoes.  
Dress for the weather.

**What to bring:** water bottle

**Commitment to the team:** Participation at practice is essential to team building and morale. To have a student come to only 1 practice while the rest of the team makes it to most or all of the practices is unacceptable. If your student is involved in another sport activity or event that conflicts with the track practices and /or meet, you might want to reconsider their participation on the track team. Exception: If you are on another team at St. Francis and that team also practices on one of the Track days, you are exempt from that days' practice.

Make sure your student is available for the meet date. Last minute family trips/birthday parties etc., not only affect your child, but also members of the team - relay event ).

Any questions contact Terry DeVito at [devitot.sfas@gmail.com](mailto:devitot.sfas@gmail.com).  
Subject your email Spring Track.

**Transportation:**

Parents are responsible for making arrangements for their child to get to and from practices and meet. Carpooling will help.

**Schedule:**

The practice schedule: starting March 13th

Wednesday 3:20 – 4:30      Friday 1:40 – 3:00pm

**Meet Location and Date:**

The Spring Track meet is on **Saturday May 18<sup>th</sup>**

Location: Bishop Denis J. O’Connell High School in Arlington  
6600 Little Falls Road, Arlington, VA

**Uniforms:**

Consists of a Track T-shirt (purchased through the parish sports program), PE shorts/pants, supportive athletic shoes, socks.

**Fees:** Registration: \$21.00

T-Shirt: \$17.00

**Make check payable to: St. Francis of Assisi    Subject: Track**

**Sports Policy:**

The St. Francis of Assisi parish Sports Director and respective coaches have sole discretion on team composition and player placement. The parish sports director and parish sports committee do not entertain complaints regarding a parents’ differing opinion or evaluations of their child’s skill level/team placement.

**Communication:**

Coaches will do most if not all, of their communicating through email or text messaging. Occasionally a phone call will be made in case of last minute practice change/cancellation.

**Parent Participation/involvement:**

Parents are an important part of any sports program. Without your involvement, children would not be able to get to and from practices, there would be no coaches, sports directors, sports committee etc. Remember, those who volunteer to be coaches need your cooperation and support. Any help you can give would be greatly appreciated.

**NVJCYO Rules**

At no time, may a spectator:

1. Approach an official, timekeeper or scorekeeper in a confrontational manner.
2. Enter the track area during a running event.
3. Engage in unsportsmanlike conduct.
4. Allow his/her children to play on equipment, buildings at the track meet.
5. Allow his/her children to play underneath the bleachers or to be on the in-field.