

## 2010 ST. JOSEPH TRACK & FIELD REGISTRATION FORM

The St. Joseph Track Team welcomes all parish boys and girls participating in CCD and St. Joseph School in the grades K-8 to sign up. There are no tryouts, everyone competes! Running events include 50M, 100M, 400M, 800M, 1600M, & relays. Field events include long jump, broad jump, softball throw, and shot put.

**We must emphasize the importance of proper supervision to have safe, organized practices and meets. We need coaches and assistant coaches! The Athletic Association has instituted background checks for all volunteers who work with our children so we need your help. We are expecting over 125 boys & girls this year. No prior experience is required!**

*We require a Parent/Guardian to stay for practice and be present at meets for those children in K thru 4.*

Please note we will use email correspondence & the SJS web site [www.sjsoradell.com](http://www.sjsoradell.com) to communicate changes as they arise.

Practice will be held at Bergen Catholic HS two days a week for 1 hour 15 minute sessions. Practices will begin mid-to-late March. There are typically three track meets that occur at the end of April and in early May. The detailed schedule of practices and meets will be emailed & posted when finalized.

The 2010 registration fee is **\$50 per child/\$85 per family**. There is an additional \$15 charge for the required team tank top for 1<sup>ST</sup> time registrants or those who need a larger size. Make all checks payable to: **St. Joseph Athletic Assn.** Please fill out this portion and return to one of the coaches. Registration deadline is April 2nd.

**YOU CANNOT PARTICIPATE UNLESS THIS FORM IS SIGNED!  
DON' T FORGET YOUR EMAIL ADDRESS**

Last Name: _____	Ph#: _____	Emergency#: _____
First Name: _____	Grade: _____	Gender (M/F): _____
_____	_____	Gender (M/F): _____
_____	_____	Gender (M/F): _____
_____	_____	Gender (M/F): _____

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Shirt Size: Please circle size and provide quantity below:

YOUTH: Sm \_\_\_ Med \_\_\_ Lg \_\_\_ ADULT: Sm \_\_\_ Med \_\_\_ Lg \_\_\_

Please check one: St. Jos. School \_\_\_ St. Jos. CCD \_\_\_ Other \_\_\_

I agree to release, hold harmless and otherwise indemnify St. Joseph Parish, St. Joseph School and The St. Joseph Athletic Association and all of their agents, representatives and coaches from any and all injuries, liabilities, claims, damages and costs that I or my child may incur or sustain while participating in the aforementioned activity sponsored by the St. Joseph Athletic Association.

Signature of Parent/Guardian: \_\_\_\_\_