



4th Annual CRCSD Track Meet

Saturday May 2nd, 10:00 a.m.
@ Kingston Stadium

4th & 5th grade boys & girls non-competitive meet

Warm-ups begin promptly at 9:45;

Wear your school colors

Entry Fee: Free; Admission Fee: Free

Concessions available

Runners of all ability levels are encouraged to sign up, they will run against their own gender and grade level whenever possible; No individual or team scores will be kept

Return permission slip to PE teacher by Tuesday April 28th!

Contact Grant Schultz with questions @ 431-6643 or gschultz@cr.k12.ia.us

Circle 3: 60m 100m 200m 400m 800m softball throw long jump

(Please return bottom portion to PE teacher)

Sign up for up to 3 events (please put an X):

____ 60M dash ____ 100M dash ____ 200M dash ____ 400M dash

____ 800M run ____ softball throw ____ long jump

Name _____ **Grade** _____ **School** _____

Parent/Guardian: _____ **Phone Number:** _____

WAIVER and MEDICAL AUTHORIZATION

I understand that my child could be seriously injured or have personal property stolen as a result of my child's participation in this track meet. I, on behalf of myself and as the parent/legal guardian of my child, voluntarily agree to waive all claims arising from personal injury, medical expenses or property loss against the Cedar Rapids School District, any employees, volunteers, directors, officers, or independent contractors of the Cedar Rapids School District (collectively the "Released Parties"). I also agree to hold harmless and indemnify the Released Parties from any and all claims that arise from my child's personal injury, medical expenses, or property loss. I certify that my child has been examined by a physician within the past year and found to be in good health and able to participate in all programs without restriction. I am aware of no medical condition that may increase my child's risk of illness or injury. In the event of an emergency, I authorize any staff member to act for me on my absence regarding emergency medical care. I agree to be financially responsible for all medical expenses.

Please sign and date to indicate you have read, understand, and accept the above agreement:

Parent/Guardian Signature: _____ **Date:** _____

Administrative Use Only; LVL: _____