

## Track News

Around 40 students will be chosen to represent Battlefield Elementary at local track meets. Track meets and practices will be held on the following days.

Practice	<b>Friday, March 2, 16, 23 &amp; April 13 &amp; Thursday, April 19</b>
Cloud Springs Elementary	<b>TBA-Either Tuesday, March 27<sup>th</sup> or Thursday, March 29<sup>th</sup></b>
Heritage High School	<b>Thursday, April 12<sup>th</sup></b>
LFO High School	<b>Friday, April 20<sup>th</sup></b>

**Parents will be responsible for picking up their child from try-outs/practice by 4:00.** Students who are not picked up will be placed in the After-School Program for which there will be a charge. Parents will also be responsible for taking their child to the track meets as well as supervising them while there.

There will also be a **\$25.00 track fee** for each student selected to be on the team. This will cover the cost of a track jersey and the entry fee for the meets. **Students must also be declared physically capable of participating in a track program by a physician and have proof of insurance in order to participate. A copy of the student's insurance card must be provided.**

**Try outs will be held on the following days from 2:45-4:00:**

Third Grade	Tuesday, February 20
Fourth Grade	Wednesday, February 21
Fifth Grade	Friday, February 23

If you are giving your child permission to try-out, please sign and return the included form by **Thursday, February 15.**

Thank You,

Miss Nowell

My child, \_\_\_\_\_, has permission to walk to LFO and participate in track try-outs. Pending he or she makes the team, he or she has my permission to participate in all physical activities associated with track and field. This shall include, but not limited to, try-outs, meets, exercises, practices, walking to LFO track, etc. I also know I am responsible for picking him/her up at 4:00 p.m. on days of try-outs and practices.

Parent/Guardian Signature \_\_\_\_\_ Teacher \_\_\_\_\_

### **Waiver and Release**

Recognizing the possibility of physical injury associated with athletic events that may result in disability or death, or the occurrence of sudden illness, I, the undersigned parent, agree that the Catoosa County School District, its schools, administrators, employees or volunteers will not be held liable for any injury incurred by a participant at any athletic event or practice.

The undersigned parent hereby assumes said risk and waives, releases, and discharges the Catoosa County School District, its schools, administrators, employees or volunteers any claim by or on behalf of the participant, student, parent or guardian as a result of participation in the athletic program.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

**\*\*\*Please provide copy of insurance card\*\*\***

### **Player Information and Medical Release Form**

\_\_\_\_\_ has been found physically capable of participating in the athletic program by a physician.

(Student's Name)

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