

Battlefield Elementary Track Try-outs

Do you love to run? If so, the Battlefield Track team might be for you. If you are interested in trying out, give this packet to your parents or guardian and have them complete **ALL** the forms in the packet. **All forms must be turned in no later than Tuesday, February 12.**

We have many students try-out and can only take a limited number due to supervision. Therefore, ability and behavior will be considered in selecting the team. Students must also be up to date on all fees owed to the school. We also ask students to be considerate of others trying-out. Please look over the schedule and see if there are any conflicts with either track practices or meets. If there are conflicts, we recommend them not trying out at this time. We want students who are going to be committed to both, practices and meets. If your child makes the team and can't make it to the practices or meets, they have taken the place of someone else that could have made it.

Track meets and practices will be held on the following days.

Practice	Monday, March 18, 25 & April 8, 15 from 2:30 to 3:55
Heritage Middle School	Thursday, March 28 @ 5:00
Heritage High School	Thursday, April 11 @ 5:00
LFO High School	Thursday, April 18 @ 5:00

Parents are responsible for picking their child up from try-outs/practice by 4:00. Students who are not picked up will be placed in the After-School Program (ASP) for which there will be a charge. Students must have an ASP application on file in order to tryout but no charges will be made unless students need to be placed in ASP due to late pick-up. At that point, there will be a registration and hourly fee charged. 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 **\$30.00 track fee** for each student selected to be on the team. This will cover the cost of a track shirt and the entry fee for the meets. **Students must 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 2:30-3:55

Third Grade	Monday, February 25
Fourth Grade	Wednesday, February 27
Fifth Grade	Thursday, February 28

The following must be turned in to try-out:

Student Information Sheet

After-school Registration Form (No fee is due unless late pick-up)

Permission to Try-Out/Wavier & Release/Medical Release Form

Copy of Insurance Card

Teacher Recommendation

Student Information

Student Name: _____

Grade: _____ Homeroom Teacher: _____

Parent/Guardian Information

Names: _____

Phone Numbers: _____

Emergency Contact: _____

Phone Numbers: _____

Dismissal Information:

My child will be able to be picked up from practice from the following people:

After practice, my child is to be: Car Rider ASP

Pick-up will be in front of the gym.

****Reminder-If a student is not picked up by 4:00, they will be sent to ASP.****

Permission to Try-Out/Wavier & Release/Medical Release Form

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 _____

Emergency Contact _____ Phone Number _____

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 child's 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 _____

BES Track Form Recommendation

Student's Name: _____ Teacher: _____

The following is a required teacher recommendation form for all students who would like to participate on the BES track team. This is a confidential evaluation, so please put it in a sealed envelope and return to Miss Nowell. Thanks you for your honesty and cooperation.

Please rate the student using the following scale:

5=Excellent

4=Above Average

3=Average

2=Below Average

1=Poor

- | | | | | | |
|---|---|---|---|---|---|
| 1. Punctual to school and with assignments | 1 | 2 | 3 | 4 | 5 |
| 2. Shows respect to adults | 1 | 2 | 3 | 4 | 5 |
| 3. Shows respect to peers | 1 | 2 | 3 | 4 | 5 |
| 4. Shows leadership qualities | 1 | 2 | 3 | 4 | 5 |
| 5. Shows desire to learn and to improve | 1 | 2 | 3 | 4 | 5 |
| 6. Has overall good, positive behavior and has not needed spoken or written referrals to office because of classroom and/or bus behavior. | 1 | 2 | 3 | 4 | 5 |
| 7. Has good moral standards and would be a Good representative of our school | 1 | 2 | 3 | 4 | 5 |

Other comments you would like to share about this student:

Teacher Signature: _____

Date: _____