

INSTANT ALERT - Track and Field Registration
Grades 3-8

We have a new registration process for Spring Track & Field this year. This is identical to Volleyball and Basketball, done in the Fall.

Please click on the link below to register your child for Track (grades 3-8). **All registration will be completed on-line. Upon completion of each child's registration, the site will indicate that it is "closing". You will need to re-enter the site for each individual child. You will NOT get a confirmatory message immediately following that you have successfully registered. This will be sent to you within several days.**

The site is open for registration through March 18th.

The fee for Track will be \$45 per child, with a \$100 maximum per family. You have two options to make your payment:

1. Bring the payment (check please) to the Parent/Athlete Meeting to be held on Tuesday, March 16 at 7:00 PM in the gym. **This is a mandatory meeting for families who are new to Spring Track**, and we encourage all returning families to come and get specific information about this season.
2. If you cannot attend the meeting on Tuesday, March 16, enclose the payment in an envelope that indicates Track Registration and your family name, and return it to the school office ASAP but no later than March 18.

You can include your full payment for all children in one check. Checks should be made payable to "St. Patrick Athletic Association".

As part of the registration process you and your child will need to review the attached agreements. The registration site will ask you to confirm that you have reviewed these documents.

Registration is only complete once the electronic entry is made and payment is received. No child will be permitted to participate until this process is complete. The first track practice is tentatively scheduled for Saturday, March 20.

The registration site will be open until March 18:

www.surveymonkey.com/s/L7TDKDN

Once again, Sheila and Kevin Higgins will lead the Spring Track program. If you have questions regarding Track, you may contact them at higgins100@optimum.net or 973-635-1349.

If you have questions regarding the registration site/process, you can contact:

Martin Gilligan

973-701-9405

martin.gilligan@spcorp.com

**ST. PATRICK SCHOOL ATHLETIC ASSOCIATION
TRACK & FIELD CONTRACT**

NAME _____ **GRADE** _____

ADDRESS _____ **PHONE** _____

PARENTS/GUARDIAN'S NAME(S) _____

PARENTS' E-MAIL ADDRESS _____

PARENT/GUARDIAN CONSENT AND WAIVER OF CLAIM

AS PARENTS/GUARDIAN OF _____, WE/I REQUEST THAT ST. PATRICK SCHOOL ALLOW HIM/HER TO PARTICIPATE ON THE TRACK & FIELD TEAM. WE/I ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, PROTECTIVE EQUIPMENT, AND OBSERVANCE OF RULES, INJURIES ARE A POSSIBILITY. WE/I HAVE READ AND UNDERSTAND THIS WARNING. WE, THE ABOVE NAMED STUDENT AND HIS/HER PARENTS/GUARDIAN, DO HEREBY WAIVE ANY AND ALL CLAIMS FOR DAMAGES AGAINST ST. PATRICK SCHOOL, PARISH, ATHLETIC ASSOCIATION, OR STAFF, IN CASE OF PERSONAL INJURY SUSTAINED BY THE ABOVE NAMED STUDENT. WE/I CONSENT TO THE RENDERING OF FIRST AID/EMERGENCY TREATMENT AT OUR/MY EXPENSE IN CASE OF INJURY TO THE ABOVE NAMED STUDENT. ALL MEDICAL BILLS WILL BE SUBMITTED TO OUR/MY INSURANCE COMPANY FIRST.

WE/I WILL PROVIDE FOR ALL TRANSPORTATION TO AND FROM THE PRACTICES AND GAMES. WE/I WILL SUPPORT THE ATHLETIC ASSOCIATION CODE OF CONDUCT, GUIDELINES AND ACTIVITIES AND AGREE TO VOLUNTEER TIME TO ASSIST WITH THE PROGRAM WITH BUILDING MONITORING, CONCESSION, ETC. WE/I AGREE TO PERSONALLY SUPERVISE CHILDREN WE/I BRING TO THE GAMES. WE/I AGREE TO PAY THE REQUIRED FEE. WE/I AGREE TO ADHERE TO THE 24 HOUR RULE.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN

STUDENT DECLARATION

I, _____, REQUEST THAT ST. PATRICK SCHOOL ALLOW ME TO PARTICIPATE ON THE TRACK & FIELD TEAM. I UNDERSTAND THAT I NEED TO MAINTAIN THE SPORTS ELIGIBILITY REQUIREMENTS IN ALL SUBJECTS, BECAUSE ACADEMICS COME FIRST. I WILL MAINTAIN A SATISFACTORY GRADE IN CONDUCT, BECAUSE I REPRESENT ST. PATRICK SCHOOL. AS A MEMBER OF THE TEAM, I WILL BEHAVE WITH A CHRISTIAN ATTITUDE AND HAVE A RESPECTFUL AND COURTEOUS MANNER AT ALL TIMES. I AGREE TO ATTEND EVERY PRACTICE AND GAME AND ADHERE TO ALL RULES AND CODE OF CONDUCT. I WILL PROPERLY CARE FOR ALL EQUIPMENT. I HAVE READ AND UNDERSTAND THIS AGREEMENT AND REALIZE THAT ANY VIOLATION WILL RESULT IN THE FORFEITURE OF MY PRIVILEGE TO PARTICIPATE.

SIGNATURE _____ DATE _____

STUDENT

*IN ORDER TO PARTICIPATE, THIS FORM & THE MEDICAL FORMS MUST BE RETURNED TO THE SCHOOL OFFICE PROMPTLY WITH THE FEE.

ATHLETIC PARTICIPATION PERMISSION SLIP

I, _____, grant permission for my child, _____, to participate in the **Track & Field** Program at Saint Patrick School.

My child has been **examined by a physician** within the current school year and is medically approved to participate in this sport's program. A **copy of this medical approval** has been given to the school.

My child has the following **allergies/medical condition** that the Coaching Staff should be aware of (if any, please explain):

Should my child need **medication** during a practice session or a game, he/she is able to **administer necessary medication himself/herself**. I understand and agree that the Coaching Staff will not be responsible for administering any medications.

I have filed the necessary **forms for the Self-Administration of Medication** as indicated in the Administrators Manual.

Signature Date

Emergency Telephone Number

Doctor's Name Doctor's Telephone Number

A5072

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