

2017

WAHPETON PARKS & RECREATION TRACK & FIELD PROGRAM  
BOYS & GIRLS - GRADES 3-4-5-6  
IT'S MORE THAN JUST RUNNING...COME CHECK IT OUT!

**PRACTICE SCHEDULE @ NDSCS (Dee & Owen Jensen Track) – 6:00-7:00PM**

FRIDAY, APRIL 21<sup>st</sup>                      MONDAY, APRIL 24<sup>th</sup>                      FRIDAY, APRIL 28<sup>th</sup>  
THURSDAY, MAY 4<sup>th</sup>                      TUESDAY, MAY 9<sup>th</sup>                      FRIDAY, MAY 12<sup>th</sup>

**TRACK MEETS @ NDSCS (Dee & Owen Jensen Track) - 4:30PM**

NORTH DAKOTA STATE QUALIFYING MEET – TUESDAY, MAY 16<sup>th</sup> (Rain Out Day Monday, May 22<sup>nd</sup>) – The top three finishers (except for the 7-8 year old category which does not advance to state). qualify for the North Dakota State Meet on Saturday, June 17<sup>th</sup> at a site yet to be determined. This meet replaces the Hershey’s Track Meet which is no longer in existence.

OPTIMIST CLUB TWIN TOWN TRACK MEET – THURSDAY, MAY 18<sup>th</sup> (Rain Out Day Tuesday, May 23<sup>rd</sup>).

FEE: \$15.00  
REGISTRATION: Ongoing between now and first practice.  
PRACTICE TIMES: 6:00-7:00PM

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**YOUTH TRACK PROGRAM**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims to injuries you or your child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participate in the above program and I agree to assume the full risk if any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park Board and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation of my child/ward in the above program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

STUDENT'S NAME (Print) \_\_\_\_\_ GRADE \_\_\_\_\_

T-Shirt Size (circle one): Yt Sm      Yt Med      Yt Lg      Ad Sm      Ad Med      Ad Lg      Ad XL

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

PHONE \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Parent Email (Required) \_\_\_\_\_  
Cancellations and changes to practices will be done thru email only.

Any medical information that we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to help coach? If yes, please give name and phone number. \_\_\_\_\_  
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