

St. Michael Track and Field Club!
GRADES 1-3

Looking for an afternoon activity to challenge yourself?
Like to run but would enjoy it better with some friends?
If you said yes, this Club is for you...

- Days: Wednesdays (4 weeks) May 13, May 20, May 27 and June 3.
- Time: 3:30-4:30pm. Any student not picked by 4:40 will be taken to Extended Day and fees will be charged.
- Location: St. Michael School.
- What to bring: Proper running shoes, water bottle and weather appropriate clothing.
- Cost: \$30 per student and includes a shirt.
- Size: We only have room for 40 students so sign up fast.
- Grade: This program will be open to all students in Grades 1-4.
- Medical Release All players must have an emergency form on file as well as a Medical/Health Release. Your child may have a Medical Release that was signed by the physician on file if he/she participated in Basketball or Ski Club.

Mission Statement: Learn to enjoy running in a safe, fun-filled environment where we will promote a lifetime of fitness. All levels are welcome.

Structure: Set-up, warm-up laps, stretches, laps and tracking distance, field events, cool down, stretches, journal writing

Sign me up

Name _____ Grade _____ T-Shirt Size _____
A or B CHILD SIZES
Small Med Large
6-8 10-12 14-16

I have enclosed _____ (\$30 per child)

Space is Limited - No Refunds

I would like to sign up to be a parent volunteer _____

Saint Michael School Emergency Form (Track and Field)
THIS FORM MUST BE COMPLETED

Student First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Age _____ Grade _____

Health Insurance Provider _____ Policy # _____

Subscriber _____ Carrier _____

Mother's Name _____

Home Address _____ Home Phone _____

Cell Phone _____ Beeper _____ Work Phone _____

Company Name/Address _____

Father's Name _____

Home Address _____ Home Phone _____

Cell Phone _____ Beeper _____ Work Phone _____

Company Name/Address _____

Physician's Name _____

Address _____ Phone _____

Dentist's Name _____

Address _____ Phone _____

Emergency Contacts (this must be filled out)

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____ Beeper _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____ Beeper _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____ Beeper _____

Are there any special accommodations/allergies/concerns that you feel we should know about?

I (we) _____, the parent or guardian of _____, authorize the staff and personnel of Saint Michael School to treat my child in case of emergency. Further, I _____ release the staff and personnel of Saint Michael School from liability for any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, your child will be taken to the nearest hospital, unless otherwise notified. I (we) understand and agree to pay all fees associated with my child(ren)'s participation and attendance in this program which is sponsored by St. Michael School. I also understand that any child not picked up by 4:40pm, will be placed in the Extended Day Program and fees apply. I also give my child in grades 5-8 permission to take the bus to the N. Andover High School on 4/18 and 5/14 and understand that pick up on those two days is at the NAHS

Mother's Signature _____ Father's Signature _____ Date _____