

# Join St Joseph's Track and Field for Spring 2017

CYO Track & Field is a developmental league, supporting all skill levels. The season runs from mid-March to early May. The sport is open to 3rd through 8th grade students in St Joseph school, religious education (CCD), or home school. Come to a practice to try it out before signing up, and invite others to come.

#### Practice Schedule

- Weekly practices at Herndon Middle School (Locust St) starting the weekend of March 11, Saturdays & Sundays from 4 to 5:15 pm.
- Mid-week W&OD runs starting the week of March 13, schedule TBD based on interest.
- Try to attend one practice per week, to fit your schedule.

#### Meet Schedule

- Unlike other sports, we have a single competitive event (track meet) at the conclusion
  of the season.
- Diocese-wide meet (15-20 parishes) is the weekend of May 6-7, at O'Connell HS.

Some families come to practices but can't make the meet, others come to the meet but cannot make many practices. We welcome your child to whatever extent they can participate. Participating in track and field is fun on its own and will also help develop speed, skills, and stamina for other sports.

### Registration and Fees

- Sign up by April 1
- \$30 child / \$50 family (checks payable to "St Joseph Church")
- Register using attached form and return at a practice, backpack mail, or e-mail
- \$10 t-shirt needed for the meet

Contact: John Vierow, 703-435-0985, jvierow@gmail.com

## **PERMISSION SLIP**

| Participant's Name (Please print)  | Gender Date of Birth         | Grade Home Phone |
|--|------------------------------|------------------|
| Address  |                              | City/State/Zip   |
| Parent/Guardian's Name C   | ll Phone                     | Work Phone       |
| <b>Safety:</b> As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.  |                              |                  |
| Signature of Participant   |                              | Date             |
| my permission to participate fully in (Star  | Date/Time) to                |                  |
| to indemnify and hereby release the Most Reverend Paul S. Loverde Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.  |                              |                  |
| Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto. |                              |                  |
| <b>Photo, Press, Audio, and Electronic Media Release:</b> I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.   |                              |                  |
| Emergency Contact: Name  |                              | Relationship:    |
|  |                              | (C)              |
| <b>Health Information</b> : Are there any medical conditions which may affect the participant's involvement in the   |                              |                  |
| Are there any known allergies including any allergies to medicine?   |                              |                  |
| Are there any known anergies menud   | g any anergies to medicine:  |                  |
| Physician and Medical Insurance:   | rimary Healthcare Provider _ | Phone            |
| Insurance Company Policy Number:   |                              |                  |
| I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.  |                              |                  |
| Signature of Parent or Legal Guardia   | <u> </u>                     | Date             |

Revised: 8/18/2016