

**2009 C.S.A.L. TRACK MEET
FOR GRADES 1-4**

It is time once again for the annual C.S.A.L. Track Meet. This meet will take place on Saturday, May 16th and is open to all students in grades 1-4. (Students in grades 5-6 have a complete track season and will participate on different dates. Contact the office for 5th and 6th grade information.)

If your child is planning to participate, please fill out the attached permission slip and return it to the elementary office by Friday, May 8th. There is a \$5 participation fee, which covers all costs associated with the meet including admission for all participants and spectators. Please pay cash or make checks payable to C.S.A.L.

The chart below shows the session times and events for each grade level. Each athlete may participate in up to 5 events. The Athletic Director will work together with the students and parents to choose events appropriate for each participant. Ribbons are given to the first 4 finishers in each field event, and the first 4 finishers in all heats of running events.

There will be an informational meeting on Friday, May 8th from 2:30-3:00 in the elementary gym that a parent should attend. This will be the only “practice” or informational time for grades 1-4.

HELP NEEDED

Adults are needed on the day of the track meet to help run the softball throw, and to help children get to their events. Please volunteer to help with one of these tasks!

Grades	Time	Events							
1st-2nd	9:00-11:00	Softball Throw	Long Jump	Tug of War	25 M Run	50 M Run	75 M Run	100 M Relay	200 M Relay
3rd-4th	10:30-12:30	Softball Throw	Long Jump	Tug of War	50 M Run	75 M Run	100 M RUN	200 M Relay	300 M Relay

I, _____ give my child, _____
permission to participate in the C.S.A.L. track meet on May 16th, 2009. In
case of emergency please contact _____ phone
number _____ relationship _____.

*I hereby consent to emergency medical treatment, hospitalization or
other medical treatment as may be necessary for the welfare of the above
named child, by a physician, qualified nurse, and/or hospital, in the event
of injury or illness during all periods of time in which the student is away
from his/her residence as a member of an interscholastic activity team or
group, and hereby waive on behalf of myself and the above named child
any liability of the Christian School Athletic League, any of its agents, or
employees, arising out of such medical treatment.*

Signature

Date

My child would like to do the following events:

I would like to help during the track meet with the following tasks:

___ Staying in the team area to help give students stickers and provide
information

___ Helping in the staging area

___ Helping with the softball throw

___ Helping the following group get to their events:

___ 1st grade girls

___ 1st grade boys

___ 2nd grade girls

___ 2nd grade boys

___ 3rd grade girls

___ 3rd grade boys

___	4th grade girls
___	4th grade boys