

**2011 C.S.A.L. TRACK MEET  
FOR GRADES 1-6**

The annual C.S.A.L. Track Meet will take place on Monday, May 16<sup>th</sup> for grades 5-6, and Saturday, May 21st for grades 1-4.

If your child is planning to participate, please fill out the attached permission slip and return it to the elementary office by Friday, May 6<sup>th</sup>. 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 grades 1-4. 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. The athletic director will provide information to grades 5-6.

There will be an informational meeting on Monday, May 9<sup>th</sup> 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 16<sup>th</sup> or May  
21st, 2011. 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:

\_\_\_ 1<sup>st</sup> grade girls

\_\_\_ 1<sup>st</sup> grade boys

\_\_\_ 2<sup>nd</sup> grade girls

\_\_\_ 2<sup>nd</sup> grade boys

\_\_\_ 3<sup>rd</sup> grade girls

\_\_\_ 3<sup>rd</sup> grade boys

\_\_\_ 4<sup>th</sup> grade girls

\_\_\_ 4<sup>th</sup> grade boys