

2011 C.S.A.L. TRACK GRADES 1-6

The annual C.S.A.L. Track Meet will take place on Saturday May 21st for grades 1-4. For students in grades 5-6 there will be two meets including the league meet on Monday, May 16th. Additional information for grades 5-6 will be given to students.

If your child in grades 1-4 is planning to participate, please fill out the attached permission slip and return it to the elementary office by Friday, May 13th. 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.

There will be an informational meeting on Monday, May 16th 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 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 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**