

2018 C.S.A.L. TRACK GRADES 1-6

The annual C.S.A.L. Track Meet for grades 1-4 will take place on Saturday, May 12th or Saturday, May 19th, at The Grace Center, 1655 Pirate Heights Drive. The event will be held from 9:00-Noon. There will be 6 schools participating. **(See the additional form below for grades 5-6)**

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 5th. 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 Tuesday, May 8th from 2:30-3:00 in the elementary gym that a parent should attend. Students will be practicing in P.E.

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-Noon	Softball Throw	Long Jump	Tug of War	25 M Run	50 M Run	75 M Run	4x25 M Relay
3rd-4th	9:00-Noon	Softball Throw	Long Jump	Tug of War	50 M Run	75 M Run	100 M Run	4X50 M Relay

I, _____ give my child, _____
permission to participate in the 2018 1st-4th C.S.A.L. track meet.. 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 events circled below:

softball throw, long jump, tug, 25M, 50M, 75M, 100M, relay

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

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

___ Helping with the softball throw.

___ Helping kids line up on the track.

___ Helping the following groups get to their events:

___ 1st grade

___ 2nd grade

___ 3rd grade

___ 4th grade

2018 C.S.A.L. TRACK FOR ECA STUDENTS GRADES 5-6

The track season for grades 5-6 will consist of practices on 4/30, 5/3 and 5/7. There will be two CSAL meets on 5/5 and 5/9.

If your child is planning to participate, please fill out the attached permission slip and return it to the elementary office by Friday, 4/27. There is a \$5 participation fee, which covers all costs associated with the season including admission for all participants and spectators. Please pay cash or make checks payable to C.S.A.L.

Events are as follows: 100 meters, 200 meters, 400 meters, 800 meters, 1500 meters, shot put, long jump and relays. Student may choose up to 5 events.

Practices will be held on the big playground at ECA Elementary and will be from 3:00-4:00. Athletes should wear running shoes and shorts or sweats for practice. T-shirts will be provided for the meets.

I, _____ give my child, _____
permission to participate in the 2018 C.S.A.L. track season. 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