



**OSHKOSH RECREATION DEPARTMENT
TRACK AND FIELD MEET 2021
Friday, June 18 – 9:00am
Oshkosh North High School Track**

Please Print:

Participant Name _____
(Last) (First) (Middle Initial)

Address _____

Phone Number _____ Date of Birth _____

Parent/Guardian E-mail _____

Participants can enter either 2 track and 1 field or 2 field and 1 track event. For 9-10 and 11-12 age groups, the relay does not count as a running event. Please circle the events you wish to participate in at this meet.

PARTICIPANT WILL COMPLETE IN AGE GROUP ACCORDING TO THEIR AGE ON JUNE 18, 2021.

Boys 9-10

1. 50 Meter Dash
2. 100 Meter Dash
3. 200 Meter Dash
4. 400 Meter Dash
- *5. 4 x 100 Meter Relay
6. Standing Long Jump
7. Softball Throw

Boys 11-12

1. 100 Meter Dash
2. 200 Meter Dash
3. 400 Meter Dash
4. 800 Meter Dash
- *5. 4 x 100 Meter Relay
6. Standing Long Jump
7. Softball Throw

Boys 13-14

1. 100 Meter Dash
2. 200 Meter Dash
3. 400 Meter Dash
4. 800 Meter Dash
- *5. 4 x 100 Meter Relay
6. Standing Long Jump
7. Softball Throw

Girls 9-10

1. 50 Meter Dash
2. 100 Meter Dash
3. 200 Meter Dash
4. 400 Meter Dash
- *5. 4 x 100 Meter Relay
6. Standing Long Jump
7. Softball Throw

Girls 11-12

1. 100 Meter Dash
2. 200 Meter Dash
3. 400 Meter Dash
4. 800 Meter Dash
- *5. 4 x 100 Meter Relay
6. Standing Long Jump
7. Softball Throw

Girls 13-14

1. 100 Meter Dash
2. 200 Meter Dash
3. 400 Meter Dash
4. 800 Meter Dash
- *5. 4 x 100 Meter Relay
6. Standing Long Jump
7. Softball Throw

Relay Team (circle age)

Boys 9-10

Boys 11-12

Boys 13-14

1. _____
(First and Last Name)

2. _____
(First and Last Name)

3. _____
(First and Last Name)

4. _____
(First and Last Name)

Relay Team (circle age)

Girls 9-10

Girls 11-12

Girls 13-14

1. _____
(First and Last Name)

2. _____
(First and Last Name)

3. _____
(First and Last Name)

4. _____
(First and Last Name)

RELEASE OF LIABILITY

In exchange of your accepting my or my child's entry, I hereby for myself, my child, my heirs, executors, administrators and assigns, release any and all rights and claims for damages I or my child may have against the OSHKOSH AREA SCHOOL DISTRICT (Hereinafter referred to as "OASD") AND the OSHKOSH RECREATION DEPT. (Hereinafter referred to as "ORD"), it's employees, successors and assigns, for any and all injuries suffered by myself or my child at any activity sponsored by the ORD due to negligent acts or omissions. I further agree to follow all rules and regulations established by the ORD and that I or my child may be dropped from any roster at any time if my or my child's conduct so warrants it as determined by the OASD/ORD. For ORD program promotion purposes, photographs, videotaping, and interviews may be conducted by the media or other entities. I agree to allow the release of any photographs, videotaping, or interviews in print or electronic form of or by myself or my child at an Oshkosh Recreation Department sponsored activity. This release is the entire agreement between the undersigned and the OASD/ORD and the terms of this release create a contract.

I have read and understand the release stated above and freely agree to the terms. I have had sufficient time to carefully consider the terms of this contract.

I, the parent/guardian of the student named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Parents: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionParents.pdf>

Athletes: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionAthletes.pdf>

PARENT/GUARDIAN CONSENT:

(Signature of Parent/Guardian)

(Date)

Registration due on or before May 28!!!