

T.E.A.C.H. TRACK & FIELD DAY

at Brubaker Park, Fivepointville on Tuesday, May 5th

In case of inclement weather an email will be sent by 7:00 am on May 5th.

The rain date will be Wednesday, May 6th

Sign-in is between 8:00-8:30 am. Events will begin promptly at 9:00 (until 11:30 am.)

Pre-registration required. **Registration is due by April 18th.** No registrations will be accepted after this date unless confirmed by email (preferred) at christina_fidler@yahoo.com or phone at 717-380-4438.

Boys and girls grades K-12 may participate. Cost: \$2 per child.

Wear your watches, bring snacks and water, pavilion facilities are available for lunch.

Directions: from Route 272 at Weaver's Market near Adamstown, take Route 897 South approx. 3 miles to Fivepointville. Continue South through the stop sign, past Weaver's Store and turn left on Long Lane. Look for park sign on the left.

Or, from Route 23 follow Route 897 North through Terre Hill. Long Lane is about two miles north of Terre Hill. Go right on Long Lane to Brubaker Park on left.

This event is for T.E.A.C.H. participants only.

Mail the permission slip and a check for \$2 per child made out to T.E.A.C.H. to:

✂ Christina Fidler, 274 Willow Dell Ln, Leola, PA 17540

Family name _____ home # _____ cell # _____

Address _____ email _____

A parent must stay for the entire event. Parental participation is mandatory, please check one:

[] All morning [] 1 hr (this is the min. requirement) Preferred area _____

Parent assignments will be emailed two weeks prior to the event.

Child 1 _____ M/F _____ age _____ Child 4 _____ M/F _____ age _____

Child 2 _____ M/F _____ age _____ Child 5 _____ M/F _____ age _____

Child 3 _____ M/F _____ age _____ Child 6 _____ M/F _____ age _____

Please check () up to four events per child and child's age as of 4/1/20

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing Broad Jump – all ages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running Long Jump – 7 yrs & up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frisbee Throw – all ages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Softball Throw – all ages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 meter – 5 – 8 yrs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 meter – all ages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200 meter – 7 yrs & up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	400 meter – 11 yrs & up



Parental permission is required.

I, the parent or guardian of the registrant(s) above, agree to abide by the rules of those organizing this activity. Recognizing the possibility of physical injury associated with its Track and Field Day, and in consideration for those in charge accepting the registrant for its Track and Field Day and activities, I hereby release, discharge, and/or otherwise indemnify them and associated personnel, including the owners of the park and facilities used for the Track and Field Day and activities, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Track and Field Day and activities, which I hereby authorize. I declare that I am a member of T.E.A.C.H.

SIGNATURE OF PARENT OR GUARDIAN _____

EMERGENCY CONTACT NUMBER _____

PRINTED NAME _____ DATE _____