

"Let us run with endurance the race that is set before us." Hebrews 12:1

*****REGISTRATION & INFORMATION*****

****AVCS TRACK AND FIELD****

Season runs Wednesday 2/15/12 through 5/22/12

Tentative meet dates:

St. Mary's Invitational 3/24/12

AVCS Invitational 4/21/12

SOCAL 5/4 and 5/5/12 (5th -8th)

PAL Championships 5/19/12

Banquet 6/??/12

PRACTICE DATES AND TIMES:

1ST THROUGH 4TH GRADES: WEDNESDAY AND FRIDAY 3:15- 4:45 p.m.

5TH THROUGH 8TH GRADES: THURSDAY 3:15-4:45 p.m./Saturday or Sunday

ATHLETES MUST ATTEND AT LEAST ONE PRACTICE PER WEEK

Registration fee of \$75.00 includes all meet registration fees and tech uniform shirt.

******* YOUR HELP AND PARTICIPATION ARE VITAL TO A SAFE, FUN AND SUCCESSFUL SEASON. JOIN US FOR THE FUN AND WATCH YOUR ATHLETE BECOME FASTER, STRONGER, AND MORE CONFIDENT.**

****If you have any questions or wish to volunteer, please feel free to contact Coach Lisa Adams (1st through 4th grades) at trackcoachlisa@gmail.com /949 838 4318 or Coach Kyle Koyamatsu (5th through 8th grades) kdkoyamatsu@yahoo.com/ 949 525 7312.**

****Future updates and information will be communicated via email. Please ensure email address is legible. If you wish information sent to more than one person, please list additional email addresses.**

Please return the following stapled together to the Track & Field envelope in the office:

- 1. *Registration form***
- 2. *\$75 check payable to AVCS***
- 3. *Athletic medical consent form***

TRACK REGISTRATION FORM

ATHLETE: _____

GRADE: _____ **TEACHER:** _____

PARENT(S) NAME: _____

EMAIL: _____

HOME: _____

CELL 1: _____

CELL 2: _____

MEDICAL CONDITION(S): _____

1st through 4th Grade Shirt Size (Circle One): **YS** **YM** **YL** **AS**

5th through 8th Grade Shirt Size (Circle One): **AS** **AM** **AL** **AXL**

SHIRTS WILL NOT SHRINK!



2011-2012 AVCS Athletic Medical/Transportation
Track and Field Consent Form

1 Orion
Aliso Viejo, CA 92656
Phone: 949-389-0300
Fax: 949-389-0383
www.avchristianschool.org

Athletic Permission Form

I, _____ () Parent () Legal Guardian, hereby give permission for: _____ (Child's Name) to participate in an Athletic Sport **Track and Field, meets and practices as outlined by the coach. This would include any additional practices that may arise in mid-season.**

I will not hold Aliso Viejo Christian School (AVCS) or any of its affiliates, officers, directors, and agents liable for injury caused by common accident, illness, or the rendering of emergency care.

Cost: \$75.00 Child's Grade _____ Teacher _____

Special Instructions: _____

Return signed form by: **No later than Monday, February 6, 2012**

Release From Liability and Authorization to Provide Treatment

In case of medical emergency, I understand that every effort will be made to contact a responsible parent or guardian of the child(ren). In the event that contact cannot be made, I hereby give permission to AVCS to secure proper treatment for, to hospitalize, and to order such injections, x-rays, anesthesia, or operations as may be urgently necessary for the child(ren). This care is to be rendered under the general or special supervision of any physician/surgeon under the provisions of the Medical Practice Act and on the medical staff of a licensed hospital. This permission includes any necessary dental treatment to be performed by a licensed dentist under the provision of the Dental Practice Act. In the event of a claim, family insurance may be liable.

Doctor's Name _____ Phone _____

Health Insurance Company _____

Child's Name _____ Policy Number _____

Any medical conditions / medications we should know about (allergies, diabetes, heart, etc)? _____

Are there any medications in the office that need to go? **Yes** or **No**
I authorize any parent driver to drive my child to and from any sporting events? Yes or No

In case of emergency, please notify:

Name _____ Phone _____

Parent/Guardian Signature _____