



Warrior Youth Track and Field Meet

Refreshment Stand Open!

PERSONAL INFORMATION

Date: Friday, June 7, 2019

Location: DVHS Track

Meet Start: 6PM
Meet Day Registration: 5PM
(shirt not guaranteed)

Packet Pickup: 5Pm

Pre-Registration (by May 29): \$10

Race Day: \$10

Grade Groups:

Girls 5— 6	Boys 5—6
Girls 3—4	Boys 3—4
Girls K—2	Boys K—2

Awards:

Top 3 Male & Female in each age group event

Checks Payable To:

DV Track

Mail To:

DV Track
252 Route 6 & 209
Milford, PA 18337

Name: _____

Grade: _____ M/F (circle)

School: _____

Address: _____

Email: _____

Phone: _____

T-Shirt Size Youth: S M L XL

Amount Enclosed \$ _____

Running every race or event is very hard. Choosing 3 or 4 that aren't back to back is a better idea.

EVENT LIST

(Check each event you plan to participate in)

- 100m Hurdles _____
- 100m Dash _____
- 1600m Run (Grades 4-6 Only) _____
- 400m Run _____
- 4x100m Relay _____
- 800m Run _____
- 200m Dash _____
- Standing Long Jump _____
- Running Long Jump _____
- High Jump _____
- Softball Throw _____
- Frisbee Throw _____

Names of Relay Team Members:

No co-ed relay teams, all male/all female only

4x100m _____

4x400m _____



General Release & Hold Harmless

Agreement must be read and signed by all race participants. In consideration of my participation in the event, I waive any and all claims for myself and my heirs against the Delaware Valley School District, the sponsors, race workers, and officials of this meet from any and all liability arising from illness, injuries, or other damages I may suffer as a result of participation in such event whenever discovered. I affirm that I am physically able and have sufficiently trained for participating in the event and am aware that participation in this event could, in some circumstances, result in severe physical soreness and injury. I also give permission for the free use of my name and picture in any broadcast or written account of the event. I understand that my entry fee is NON-REFUNDABLE. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their direction.

Participant or Parent/Guardian

Signature:

Date: _____