

Grades 5<sup>th</sup> –8<sup>th</sup> Boys & Girls  
Join the 2018  
St. Leo Athletic Association Track and Field Team



All Skill Levels Welcome!



**Team Schedule**

Practice will be held Behind St Leo School

Saturday, April 7<sup>th</sup> 10-11:30am

Saturday, April 14<sup>th</sup> 10-11:30am

Sunday, April 15<sup>th</sup> 3-4:30pm

Sunday, April 29<sup>th</sup> 3-4:30pm

**Lancaster County Catholic Schools Track Meet Sunday May 6th  
at LCHS Stadium \* Arrive at 11:00am \* Events begin at Noon  
Awards to follow**

The purpose of this program is to introduce the students to the sport of track and field, promote school unity, instill healthy habits of exercise, and to have fun!

Runners will need to wear comfortable clothes for practice outdoors. They should also wear comfortable sneakers and bring a water bottle. On the day of the meet they will need healthy snacks and plenty of water and sunscreen. Team t-shirts will be provided the day of the meet.

The coaches this year will be Nate and Kim Moore. Mr. and Mrs. Moore have been involved in the XC and track programs at LCHS for the past 4 years and enjoy watching their son Tyler run for the Mountaineers at Mount St. Mary's University.

Coaches can be contacted at  
mooreclan5.2@gmail.com  
717-982-4699

Grades 5<sup>th</sup> –8<sup>th</sup> Boys & Girls  
St. Leo Athletic Association Track and Field Registration Form  
**2018**

PARTICIPANT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

T-Shirt Size: Youth M L Adult S M L XL

Fee - \$10.00 (checks made out to SLAA)

MEDICAL INFORMATION

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICAL LIMITATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

MEDICAL INSURANCE WITH FAMILY YES \_\_\_\_\_ NO \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

PARENTAL CONSENT

\_\_\_\_\_ has my permission to participate in the St Leo Track and Field program including the Lancaster County Catholic Schools Track Meet. For your acceptance of my enrollment, I, the participant, and we, the parents individually and collectively, intending to be legally bound, hereby for ourselves and our heirs, executors and administrators, wave and release the St Leo Athletic Association, their agents and representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the participant, directly or indirectly, in training for, or traveling to or from, or competing in or while attending any future athletic association functions. I acknowledge the registration does not include primary medical insurance coverage. I consent to medical treatment for my child in an emergency.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Return forms to Mr. & Mrs. Moore c/o Mason Gr 8  
by April 7th**