

HILLVIEW TRACK TEAM REGISTRATION 2008

The after school track program is open to all Hillview students regardless of experience or perceived ability. The Hillview track team is a co-ed program for students in the 6th –8th grades. There will be **WORKOUTS and TRACK MEETS** where students will compete in individual and team competitions with other neighboring Schools. This program is a developmental one that focuses on participants being introduced to various track and field events and improving personal skills. Events include: relays, 50 yd dash, 100 yard dash, 220, 440, 880, mile, hurdles, shot put, discus, high jump, long jump. **All students are expected to participate in these workouts and meets. The 12 day schedule is as follows:**

- Tues/Thurs April 22, 24, 29 May 1, 6, 8,13,15 **5:30-7:00** @ the Menlo Track in Atherton
- Mandatory Parent meeting following first practice on Tuesday, April 22 @ Menlo School Track
- Tuesdays/Thursdays May 20, 22, 27, 29 **3:30-5:00** @ the Menlo Track in Atherton
- We may also be invited to other optional meets (date/time TBA)

Volunteers/Coordinators Needed:

Our track program works because it is supported by volunteers. We need parents to coaches with tasks such as taking attendance, rides, snacks, timing, recording scores (track experience not necessary, but helpful). If you're able/willing to help please fill out info below.

Name: _____ Phone _____ email _____

Registration Deadline is Friday, April 11

Please return this completed form (**both pages**) and registration fee to the Track Box in the Hillview Main Office. Late registrants will be subject to wait-list. Don't delay, signup today!

Player's Name _____ Grade _____
Player's Address _____
Phone#s(cell & Land) _____ Female _____ Male _____
Parent's Name(s) _____ email address _____
Health Insurance Carrier _____ ID/Policy # _____
Emergency Person to reach if parent(s) are unavailable:
Name _____ Phone _____

(please check as appropriate)

1. Fee enclosed _____ (**\$100**) payable to the Hillview PTO
2. I am requesting a full or part scholarship _____. Scholarships may be available upon request to Principal.
3. I am happy to donate towards scholarships. Enclosed is my donation for \$_____.

(please fill out permission slip on other page/reverse side)

Questions? Contact Harry Bell at 326-4341 ext 2811, or hbelle@mpcsd.org

PERMISSION SLIP FOR PTO AFTER SCHOOL SPORTS

I WANT MY SON/DAUGHTER/LEGAL CHARGE, _____,
Player's Name

TO PARTICIPATE IN THE PTO AFTER SCHOOL SPORTS PROGRAM.

1. I UNDERSTAND THAT THIS ACTIVITY CAN BE DANGEROUS and that my son/daughter/legal charge could be injured even if the activity is conducted with due care by all concerned.
2. I AM FULLY AWARE OF THE RISKS and hazards inherent in my son/daughter/legal charge engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/legal charge, to have him/her engage in that activity, that the activity is such that my son/daughter/legal charge may be injured even if the School District, the PTO, and the City of Menlo Park utilize due care. I also know that the Menlo Park City School District, the PTO, and the City of Menlo Park are not a guarantor of my son/daughter/legal charge's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the same. I THEREFORE VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE, INJURY OR DEATH to my son/daughter/legal charge arising out of his/her participation in this activity.
3. It is my intent by this clause to exempt and relieve the Menlo Park City School District, the PTO, and the City of Menlo Park its officers and agents, from any and all liability for personal injury, wrongful death or property damage arising out of my son/daughter/legal charge's involvement in this activity.
4. Further, on behalf of myself, my son/daughter/legal charge, and our personal representatives, assigns, heirs, and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Menlo Park City School District, the PTO, and the City of Menlo Park, its officers, employees, agents or representatives for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/legal charge, where such injury or death occurs during, by reason of or arising out of this activity.

Parent/Legal Guardian

Date