Warrior Youth Track and Field Meet

Refreshment Stand Open!

Date:	Friday, June 2, 2023	
Location:	DVHS Track	
Meet Start:	6PM Meet Day Registration: 5PM (shirt not guaranteed)	
Packet Pickup:	5Pm	
Pre-Registration (by May 20): \$10		
Race Day:	\$15	

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 Pavable To:

DV Track

Mail To:

DV Track 252 Route 6 & 209 Milford, PA 18337



PERSONAL INFORMATION

Name: _____

Grade: _____ M/F (circle) School:

Address:

Email:

Phone:_____

T-Shirt Size Youth: S M L XL

Amount Enclosed <u>\$</u>

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)

- <u>100m Hurdles</u>
 <u>100m Dash</u>
- 1600m Run (Grades 4-8 Only)
- 400m Run .
- <u>4x100m Relay</u>
 <u>800m Run</u>
- 200m Dash
- Standing Long Jump
- <u>Running Long Jump</u>
- <u>High Jump</u>
- <u>Softball Throw</u>
- 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:_