

Grades 5<sup>th</sup> –8<sup>th</sup> Boys & Girls  
Join the 2019  
St. Leo Youth Athletic Association  
Track and Field Team



All Skill Levels Welcome!

**Team Schedule**

Practice will be held Behind St Leo School

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

Saturday, April 6<sup>th</sup> 10-11:30am

Thursday, April 11<sup>th</sup> 3:30-5:00pm

Saturday, April 27<sup>th</sup> 10-11:30am



**Lancaster County Catholic Schools Track Meet Sunday May 5<sup>th</sup>  
at LCHS Stadium \* Time TBD \***

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 6 years and enjoy watching their sons mason run at LCHS and Tyler run for the Mountaineers at Mount St. Mary's University.

Coaches can be contacted at

[Mooreclan5.2@gmail.com](mailto: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  
**2019**

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

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

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

If you participated in the October BBQ sale the \$10 fee is waived

**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 Teresa Gr 6  
by March 30th**