



Alliance for Substance Abuse Prevention



# 2018 Summer Track Meet

## Saturday, July 14, 2018

### Warren G. Harding Track and Field Complex

860 Elm Rd. NE

Warren, OH 44483

Check In: 8:30a.m. (Same-day registration) 9:00a.m. (Pre-registered)

Track and Field Meet will begin at 9:30a.m. and will last until approximately 1:00p.m.

Prevention and Family Activities will begin at 9:00a.m. and continue throughout the track meet.

**Registration Fee: \$10 per child (for both same-day and pre-registration). Scholarships are available.**

**Registrations received by June 29<sup>th</sup> will be guaranteed a free T-shirt. All youth will receive a drawstring backpack. Awards will be presented to the top 3 finishers in each event.**

For more information, contact Laura Domitrovich at 330.675.2765 ext. 111 or Ldomitrovich@trumbullmhrb.org

Age*	Circle events in the row of your age group (4 event Maximum)										
4-6	50	100	200				Long Jump			Softball Throw	
7-8	50	100	200	400			Long Jump			Softball Throw	
9-10		100	200	400	800	1600	Long Jump			Softball Throw	
11-12		100	200	400	800	1600	Long Jump	High Jump		Shot Put	
13-15		100	200	400	800	1600	Long Jump	High Jump		Shot Put	Discus
16-18		100	200	400	800	1600	Long Jump	High Jump		Shot Put	Discus

\*Age Group is determined by participant's age on July 14, 2018.

T-shirt size: Youth: S M L Adult: S M L XL XXL

(\*Registration must be received by June 29, 2018 to be guaranteed a free T-shirt)

First Name:	Last Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth:	Email Address:	
Street Address:		
City:	State:	Zip: Phone Number:
School District:		

**Waiver:** In consideration of the acceptance of the entry in said Track and Field Meet to be held July 14, 2018, the undersigned, on behalf of myself, my heirs, executors and administrators, hereby waive any and all claims for damages or claims of any nature which arise, either directly or indirectly, out of participation in this event against all meet sponsors, promoters, officials and their representatives. I acknowledge that I am aware of the risks involved in participation in such an event and represent to the sponsors that the participant is physically qualified to participate in this event. I grant the ASAP Coalition the irrevocable and unrestricted right to use and publish photographs of me/my child for use on marketing materials and social media outlets. No names will be used. I hereby release the ASAP Coalition from all claims and liability relating to said photographs. I understand that there will be no refunds in the event of a weather cancellation.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Checks Payable To:** Compass Family & Community Services

**Mail To:** TCMHRB, 4076 Youngstown Rd SE, Suite 201, Warren, Ohio 44484