WHITEFISH BAY RECREATION DEPARTMENT/SEPRC LOCAL TRACK & FIELD MEET WEDNESDAY, MAY 17, 2017

(Rain date Thursday, May 18)

WHITEFISH BAY HIGH SCHOOL LUBAR STADIUM – 1200 E. Fairmount Avenue

Check-in & Warm Up: 3:45 P.M.

Meet Starts: 4:00 p.m. – Field Events

Running Events to Follow

Date:

Registration Deadline is Friday, May 12, 2017

LOCAL COMPETITION:

Parent's Signature:

Ages 9 – 14 (Age as of December 31, 2017) **Original birth certificate must be brought for verification with this registration form.

A participant's age is as of December 31, 2017. A participant must compete in his/her age group and gender division.

PARTICIPANTS MAY SELECT UP TO 3 EVENTS - 2 running/1 field or 2 field/1 running (relays included as running event) **4x100 Relays in the 9&10, 11&12 and 13&14 age groups are held at the local, district (where applicable).

Please circle the events and gender the participant will compete in. Participants may not add events after the deadline date. However, they may drop events they no longer wish to compete in through May 12.

Boys & Girls Ages 9 & 10	Boys & Girls Ages 11 & 12	Boys & Girls Ages 13 & 14
(Born in 2007-2008)	(Born in 2005-2006)	(Born in 2003-2004)
50 Meter Dash	100 Meter Dash	100 Meter Dash
100 Meter Dash	200 Meter Dash	200 Meter Dash
200 Meter Dash	400 Meter Dash	800 Meter Run
400 Meter Dash	800 Meter Run	1,600 Meter Run
Standing Long Jump	Standing Long Jump	Standing Long Jump
Softball Throw	Softball Throw	Softball Throw
4 x 100 Relay**	4 x 100 Relay**	4 x 100 Relay
Relay Team : 1	/ 2/ 3/	/ 4

PLEASE NOTE: District Meet qualifiers (1st & 2nd place) will need to be prepared to commit at the meet on whether or not they will be able to attend the District Meet on Wednesday, June 7, 2017at Pulaski High School. If they do not wish to compete at the District Meet, they must inform George Hansen by Monday, June 1, 2016 at 3:00 pm. Any questions, contact George Hansen at 963-3864 or george.hansen@wfbschools.com

ADDRESS ZIP TELEPHONE () LAST FIRST	MIDDLE INITIAL / /
	MIDDLE INITIAL
LAST FIRST	MIDDLE INITIAL.
	Date Month Year
EMAIL MALE FEM.	ALE
	Certifier's Name/Date:
FOR AGE VERIFICATION, AN ORIGINAL BIRTH CERTIFICATE MU	ST BE BROUGHT
WITH THIS APPLICATION TO THE RECREATION DEPARTMEN	T WITH THIS
REGISTRATION FORM.	
Parent's Agreement: I do hereby agree to allow my child to participate in the Whi	tefish Bay Recreation Department Track & Field Youth
Program which includes the District Track & Field Program. My child has the follow	wing physical impairment(s) which may require medical
treatment:	