

# 2018 SACS Elementary One-Mile Championship Race Day Registration

**Who:** Open to any 3rd through 5th grade boy or girl from the SACS school district

**What:** A one mile cross county race for SACS Elementary school students

**When:** Friday, May 11th, Girls - 6 P.M., Boys - 6:30 P.M. Individual and team awards are to follow.

**Where:** Summit Middle School—Course will be on grass—Meet at entrance to Summit Middle School track  
This race will be scored as a cross country meet between schools with boys and girls scored separately. Medals will be awarded to top 5 finishers for each grade/gender. Participation ribbons will be awarded to all runners who complete the one mile event.

**\*Registration—\$15.00** (Student Scholarships are available.) Registration must be received by Friday, April 20th to receive a shirt. Late registrations will be accepted from 5:00-5:30 p.m. on the day of the race.

**\*\*If you are currently enrolled in a training group, you are already registered for this event.**

**THIS IS A SOUTHWEST ALLEN COUNTY SCHOOLS APPROVED EVENT.** Questions? TBehrens@sacs.k12.in.us



## Entry Form

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle: M/F Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Shirt Size (Please circle **one**) YS YM YL AS AM AL

**Waiver:** If anything happens to me before, during, or after the race, neither I nor anyone else will make any claim or liability against the race organizers, Southwest Allen County Schools, or sponsors of the SACS Elementary One Mile Championship event. I give permission for my child's picture to be used on official SACS Mile Platforms.

Signature of Participant: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please make out checks to Tammy Behrens and mail entry forms **along with medical form** to:

Homestead High School, Attn. Tammy Behrens, 4310 Homestead Road Fort Wayne, IN 46814

## Medical Information Card • Southwest Allen County Schools

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Drug Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_ Last Tetanus Injection \_\_\_\_\_  
Special Health Problems \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ Policy Number(s) \_\_\_\_\_  
Alternative Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Consent for Medical Treatment of a Minor Child

I (We), \_\_\_\_\_ and \_\_\_\_\_ do hereby state that I (we are) the parents (s) or legal guardian(s) of the minor-aged child named on this card. I (We) realize that my (our) minor child, while participating in extracurricular events or field trips sponsored by or attended by his/her school, may become injured or ill to a degree which would require medical attention. I (We) authorize Tammy Behrens, Director of the SACS Elementary One Mile Championship, or her designee, an adult (over 18 years of age), to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State in which the event is being held. This consent for medical treatment will remain in effect for the \_\_\_\_\_ school year. In case of serious medical emergency the student may be transported to the emergency room of the nearest hospital to receive medical treatment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature(s) of parent(s) or legal guardian(s)

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_