

**OUR LADY OF MOUNT CARMEL TRACK TEAM  
CATHOLIC TRACK LEAGUE**

Dear Students/Parents:

It is time to begin thinking about Spring and joining the Mount Carmel Track Team. The track team is open to all Our Lady of Mount Carmel and CCD students in grades 2 through 8. Practices will begin on **Thursday March 6, 2008 at 5:15** and will take place on every Tuesday and Thursday beginning on that day through May, 2007 from 5:15 p.m. to 6:30 (sunlight and weather permitting) at Overbrook High School track/field located on Hickstown/Turnersville Road.

In addition to the weekly practices, track meets will take place from 8:30 a.m. to 11:30 a.m. on the following Saturdays:

April 5  
April 12  
April 19  
April 26  
May 3  
May 10

\*Possible Invitational Meet at Paul VI on March 29, 2008

The Championship Meet will take place on May 17, 2009 and the Meet of Champions will be on May 20, 2008.

The Penn Relays are on April 25, 2009 with the Qualifying meet of April 6, 2008.

If you are interested in joining the track team, please have your parents or guardian fill out the enclosed consent form and return it together with a check in the amount of \$45 made payable to OLMC-Athletic Association and return it to **c/o Melanie Klekotka Grade 8**.

If you have any questions or concerns please contact me or my wife Jennifer.

Very truly yours,

Walter J. Klekotka-cell 856-304-0583  
Jennifer Klekotka-cell 856-304-0582  
OLMC Track Coaches

**Our Lady of Mount Carmel  
Athletic Association  
Registration Form  
2008**

**Boys Track  
Girls Track**

Name of Child: \_\_\_\_\_

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

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Phone or Pager # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Registration Fees:

1 Child = \$45.00

2 Children = \$75.00

3 or More Children = \$100.00

Amount enclosed: \_\_\_\_\_

Cash

Check # \_\_\_\_\_

**Please make check payable to: OLMC-AA**

**T-SHIRT SIZE: CHILD MED (10-12) \_\_\_\_\_ CHILD LARGE(14-16) \_\_\_\_\_ ADULT SM. \_\_\_\_\_  
MED \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ (These sizes are similar to the gym uniforms)**

\*Please sign attached "Informed consent and Waiver Form"

\*No registration will be accepted without a signed waiver form

**OUR LADY OF MT CARMEL ATHLETIC ASSOCIATION**

**INFORMED CONSENT FORM**

My child and I are aware that participating in TRACK at **Our Lady of Mt. Carmel School** is a potential hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other risk conditions.

I understand this Informed Consent Form and hereby waive, release and forever discharge any and all claims against **Our Lady of Mt Carmel School**, its administrators, employees, volunteers or agents, **Our Lady of Mt Carmel Parish**, its pastor and priests, employees, volunteers or agents as well as the Diocese of Camden, for damages and/or injuries to the undersigned which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise and agree to indemnify and hold harmless the School and the Diocese of Camden and all of the administrators, employees, volunteers and agents of both from and against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport.

**CHILD'S NAME:** \_\_\_\_\_

**CHILD'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in \_\_\_\_\_

TRACK at **Our Lady of Mt. Carmel School** during the season beginning March 2008

\_\_\_\_\_

**Authorization of Medical Treatment**

As parent/guardian, I do authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when a delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue discomfort.

**Physician's Name** \_\_\_\_\_ **Tel #** \_\_\_\_\_

**Child's Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_