

2019 AFTER SCHOOL SPORTS PROGRAM 4TH and 5TH GRADE TRACK & FIELD



THIS INTRAMURAL PROGRAM FOR 4TH & 5TH GRADE STUDENTS WILL MEET FOR 90 MINUTES, FOLLOWING SCHOOL DISMISSAL, and will emphasize learning track fundamentals, team concepts, sportsmanship, participation, improved health/fitness and fun, and will conclude with a city-wide track meet on Thursday, May 2nd at Dubuque Senior High School, Dalzell Field.

Practices will be held twice per week on a combination of Monday through Thursday dates **beginning the week of April 8th**, depending on school field & gym availability. Each participant will attend up to six practices, subject to school/coach conflicts. Registered participants will be **E-mailed** a practice schedule; if you have not received a practice schedule by Thursday, April 4th, please contact smahrenh@cityofdubuque.org. Please note, emails may be sent to your spam folder.

Registration deadline is Friday, March 22nd or earlier if the schools' maximum is reached.

Registrations are accepted on a first-come, first-served basis. Registrations received after March 22nd will be considered late and will be accepted only if space is available.

REGISTER by mailing, faxing (589-4391), registering online (www.cityofdubuque.org/recreation), or dropping form off in person to: **Leisure Services Department**, 2200 Bunker Hill Road, Dubuque, IA 52001-3010. **Make \$20.00 checks payable to the Leisure Services Department.**
Office Phone: 563-589-4263 Office Hours: 9:00 a.m. to 6:00

If you are interested in volunteering, or coaching, please contact Stacy at smahrenh@cityofdubuque.org



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PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT EMAIL ADDRESS (REQUIRED): _____

CHILD'S NAME: _____ MALE: _____ FEMALE: _____ BIRTH DATE: _____

GRADE: _____ SCHOOL WHERE TRACK PROGRAM IS HELD: _____

SCHOOL CHILD ATTENDS, IF DIFFERENT FROM ABOVE: _____

END OF PRACTICE ARRANGEMENTS: ___ WALK ___ PARENT PICK UP ___ Y-CARE ___ OTHER

PARENT'S SIGNATURE: _____

FEE: \$20.00

With your signature, you are giving your child permission to participate in this activity, and agree that the school district and Leisure Services Department and their employees are not responsible for injuries or accidents, which may occur while participating.

COMPLETE IF PAYING BY CREDIT CARD

Credit Card Number

Check One CVC # (on back of card) _____

Name on Card _____

Expiration Date _____ Today's Date _____

Signature _____

Cash
 Check
(# _____)

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