

2017 Vinton Parks & Recreation Department's
LOCAL Live Healthy Iowa Kids Track Meet

Monday, May 8

I. Eligibility

- A. Age as of December 31, 2017
- B. 5 - 6 year olds (exhibition only: no advancement)
- C. 7 - 14 year olds

II. Advancement (only pertains to 7 - 14 year olds)

- A. All first place finishers from local meet
- B. Local winners will be given all state meet information at the conclusion of the local meet.

III. Age Group & Event Availability

- A. Each participant can enter EITHER 2 field and 1 running event OR 2 running and 1 field event

IV. Regulations

- A. Shoes must be worn. Shoes for turf sports (ie: football) are NOT allowed
- B. All equipment will be provided (softball, batons) and MUST be used

V. Competition

- A. Field events - best effort of three trials recorded
 - 1. The softball throw is measured for distance only
 - 2. The standing long jump requires both feet to leave the start area at the same time
- B. Track events - all heats are final, ie. no preliminary heats will be held. If more than one heat is necessary for a particular age group event, results will be compared for the submission of the best efforts to state.



1 of 2 Track Meet Entry Form

(flip over)

Name _____ Sex: Male Female

Age as of December 31, 2017:	<u>5-6</u>	<u>7-8</u>	<u>9-10</u>	<u>11-12</u>	<u>13-14</u>
Year Born:	2011 2012	2009 2010	2007 2008	2005 2006	2003 2004

Place an X in the box of those events in which you want to participate in. Participants can enter either two track and one field OR two field and one track event maximum. Darken rectangles indicate no event for that age.

EVENTS	5-6 yr old	7-8 yr old	9-10 yr old	11-12 yr old	13-14 yr old
Field Events					
1. Standing Long Jump					
2. Softball Throw					
Track Events					
3. 50 Meter Dash					
4. 100 Meter Dash					
5. 200 Meter Dash					
6. 400 Meter Dash					
7. 800 Meter Run					
8. 1600 Meter Run					
* 9. 4x100 Meter Relay					

*Be sure everyone on the relay team fills out a form with same relay individuals! Relay teams must be same gender and must be in the same age bracket.

Relay Team: 1. _____ 2. _____
 3. _____ 4. _____

(flip over)

LOCAL Live Healthy Iowa Kids Track Meet



Date: **Monday, May 8, 2017**

Location: Karr Athletic Complex, V/S Middle School

Ages: Boys & girls, ages 5-14*

*Children must compete in the age grouping according to the age they will be on **December 31, 2017**.

Those ages 5 and 6 will participate only on the Local Level.

Cost: free

Registration deadline: Thursday, May 4 to the Vinton Rec Center at 701 A ST E, Vinton
LATE REGISTRATIONS WILL NOT BE ACCEPTED.

Rain Date: Friday, May 12, 2017

Note: All first place finishers in the 7-14 year old divisions qualify for the State Track Meet on June 10 in

Marshalltown. There is no longer a National level so no one will advance beyond State.

Event Order:	Approx. Times	Event & Age Order
	5:00 pm	All field events
	5:30 pm	800 meter run 11-12, 13-14
	5:40 pm	200 meter dash 11-12, 13-14, 9-10, 7-8
	5:50 pm	400 meter dash 9-10, 11-12
	6:00 pm	50 meter dash 5-6, 7-8, 9-10
	6:10 pm	100 meter dash 13-14, 11-12, 7-8, 5-6, 9-10
	6:25 pm	4x100 meter relay 13-14, 11-12, 9-10
	6:35 pm	1600 meter run 13-14

Volunteers are essential in making this program a continued success. Please consider volunteering for this free event. Call the Recreation Center 472-4164.



2 of 2 Track Meet Entry Form

(flip over)

Please Print

Date of Birth ____/____/____ Age as of **Dec. 31, 2017:** _____ Sex: M or F
Mo. Day Yr.

Applicant's Name _____ Grade _____ (current)

Parent(s)/Guardian(s) Name _____

Email _____

Address _____ City _____ Zip Code _____

#1 Phone (____) _____ #2 Phone (____) _____

School District _____

Please list any physical limitation (allergies, hearing, sight, etc.) _____

Volunteers make this event possible...would you like to help? Yes No

1. While engaging/observing in this activity, I/we bear full responsibility for any loss or theft of personal items 2. I/we release any photographs and/or videos taken during the activity to be used by the City of Vinton 3. In the event of injury or illness, I give my permission for program staff to provide on-site first aid for minor injuries and for licensed physicians to provide necessary emergency medical services if I am unable to provide consent at the time of injury. I agree to assume all costs related to any such medical treatment. I authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Signature of Participant's Parent/Guardian _____ Date _____



Please return form to the Vinton Recreation Center at 701 A St E, Vinton.

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