



6TH ANNUAL BUCKHORN YOUTH TRACK & FIELD DAY

One application per participant

EVENT INFORMATION

DATE: Saturday May 31, 2025

LOCATION: WASD Track

MEET START: 10:00 AM

PACKET PICKUP: 9:00 AM

COST: Pre-registration - \$15

*Pre-registration due by 5/9

Must be postmarked by 5/7

AWARDS: Given to top 3 Boys & Girls in each age group

CONCESSIONS: Open all day!

MAIL APPLICATIONS TO:

Nicole Delevan

Wallenpaupack Area South Elementary

989 Main Street

Newfoundland, PA 18445

APPLICANT INFORMATION

*STUDENT NAME (PRINTED): _____

*CURRENT GRADE: _____ *SCHOOL: N.P. N.I. M.S. S.E.
(Circle one)

*CURRENT HOMEROOM TEACHER: _____

*ADDRESS: _____

*EMAIL: _____ *PHONE: _____

*T-SHIRT SIZE (YOUTH): S M L XL *AMOUNT ENCLOSED: _____
(Circle one) (Please enclose amount in an envelope with registration form)
(Shirt only guaranteed for pre-registration) (Cash or checks accepted - payable to FOWTF - \$15/athlete)

*AGE GROUPS:	BOYS 5-6	BOYS 7-8	BOYS 9-10	BOYS 11-12
Age on race day (Circle one)	GIRLS 5-6	GIRLS 7-8	GIRLS 9-10	GIRLS 11-12

*EVENT LIST: See list on back of page - circle **up to 4 events** that you wish to participate in.

Any information about the event will be communicated via email.

Please be sure to provide your email address legibly - this is the primary means of communication for this event!



GENERAL RELEASE

General Release & Hold Harmless Agreement MUST be read and SIGNED by all race participants. Your registration cannot be processed without this consent. In consideration of my participation in the event, I waive any and all claims for myself and my heirs against the Wallenpaupack Area School District, the sponsors, race workers, and officials of this meet from any and all liability arising from illness, injuries, or other damages I may suffer as a result of participating in such event whenever discovered. I affirm that I am physically able and have sufficiently trained for participating in the event and am aware that participation in this event could, in some circumstances, result in severe physical soreness and injury. I also give permission for the free use of my name and picture in any broadcast or written account of the event. I understand that my entry fee is NON-REFUNDABLE. Should race officials determine that completion of the event would be dangerous to my health, I consent to being removed from the course and treated by local medical personnel.

*STUDENT NAME (PRINTED): _____ DATE: _____

*PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE RETURN THE ENTIRE PERMISSION SLIP - SIGNATURE REQUIRED TO PARTICIPATE.

EVENT LIST

***Circle a maximum of 4 events that you would like to participate in** - basic instruction will be provided before each event. Field events will be held on the infield. Information on time for field events will be provided in race packets!

100m Hurdles (Mini-hurdles) (**TRACK**)

100m Dash (**TRACK**)

400m Run (**TRACK**)

800m Run (**TRACK**)

200m Dash (**TRACK**)

Running Long Jump (2 jumps) (**FIELD**)

High Jump (Grades 3-6 only - adapted) (**FIELD**)

Softball Throw (simulates shotput) (**FIELD**)

Frisbee Throw (simulates discus) (**FIELD**)

ADDITIONAL INFO

From 9:15-9:45 there will be open track & field where athletes can practice their events.

There is no rain date for this event. If the event needs to be cancelled due to inclement weather, T-shirts will be distributed but refunds will not be issued.

CAN'T WAIT TO SEE YOU THERE!