

**Coaches Seth Brown and Tanya Locke**

Students and Parents,

Thank you for showing interest in and support for the 2016-2017 Warrior Track Team. Note that *to participate in Track, students will need a current physical dated within one year, a signed insurance release form, and be eligible academically (passing at least 4 classes on their previous report card).*

Dues for membership in the Booster Club and/or fundraising will be discussed at a later parent meeting. These dues will help to cover the cost of transportation, meet fees, awards, snacks for meets and equipment, etc. Track shoes are not provided by the school, nor are they required. Through Booster fundraisings and Meet revenue, we hope to provide athletes with warm-ups, shirts, and other supplies, but our ability to do this *depends directly on fundraiser support.*

***Tryout Schedule:***

Tryouts will be held from 1/30/2017-2/3/2017, and rosters will be posted at the back gym doors on the final day of tryouts, time to be determined.

* Monday January 30 - Try Outs/Conditioning
* Tuesday January 31 - Try Outs/First Round Cuts
* Wednesday February 1 - Try Outs/Conditioning
* Thursday February 2 – Try Outs and Final Cuts
* Friday February 3 – First Regular Practice

***Practice Schedule:***

* Initially, practices will be held *Monday through Friday* on every regular school day until the end of the Track season. Practices may halt on Fridays as the meet schedule gets underway.
* Students are expected to be picked up **no later** than 4:30 from the practice location, usually Walnut Grove High School.
* Time and location of practices are subject to change due to weather and other factors.

***Meet Schedule\****

* March 1
	+ **Home vs Greene, Carver, and Loganville**
* March 8
	+ Away vs Morgan County and Putnam
* March 15
	+ **Home vs Loganville, Carver, and Monticello**
* March 22
	+ Away vs Loganville, Morgan and Greene
* March 29
	+ Away vs Loganville and Carver
* April 22
	+ **YMS Hosts Championships**

\*Subject to change

**Please fill out the form below and return to Coach Brown or Coach Locke by *Friday, January 20:***

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to try out for the Youth Middle School Track Team for participation in the 2016-2017 Season.

***Guardian Please Print Clearly:***

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alt Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**@**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s T-Shirt Size (Note Youth or Adult): \_\_\_\_\_\_\_ Hoodie: \_\_\_\_\_\_\_ Shorts: \_\_\_\_\_\_\_\_ Sweats: \_\_\_\_\_\_\_

Student’s Home Room Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Check Accurately:***

\_\_\_ A current physical is on file at school for my student (must be dated *within* one year of tryouts and the Track season).

\_\_\_ He or She does not have a physical on file at this time but we have an appointment and should have one on file by *January 20.*

*\*see attached forms for insurance waiver and physical information.*

***Parent/Student Pickup Agreement:***

I realize that it will be my responsibility to pick my student athlete up after practices and meets. Track practice will run until 4:30 unless otherwise notified, and it is my responsibility to have access to pick up at this time. Any changes in scheduling will be communicated through my child or directly by the track coaches and I understand that it is my child’s responsibility to inform me of these changes. Pickup for all meets should arrive promptly at the close of events or when students return to the school. Subsequent failures to follow these guidelines are grounds for dismissal from the team, or otherwise consequences as noted as the policy of Youth Middle School and its Athletics Programs, as per the Coaches’ discretion.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Please sign and return the following Insurance Waiver and Concussion Awareness documents. *All Physicals must be on file by* ***Friday, January 20.***