Standish-Sterling Community Education

MIDDLE SCHOOL TRACK & FIELD 2024

Standish-Sterling Community Education will be offering a Middle School Track & Field Program for boys and girls in grades 6, 7, and 8. The first practice will be on Monday, March 25, 2024 from 3:00-5:00 p.m. at the track (weather permitting). The season practice schedule will be announced soon.

Runners should bring running shoes and warm and cool weather clothes to match our Michigan climate. Always read and listen to the school announcements for any additional information from your coaches.

There will be (5) competition dates. A physical is required for this activity. There is a \$25 fee to participate in this program. Plus \$3 catastrophic insurance if it hasn't been paid yet this school year.

Students should fill out this form completely and return it, along with the money, to the Community Ed office at the High School by Wednesday, March 13th. Please make checks payable to S.S.C.E. For more information, please contact the Community Education office at 846-3644.

Student and Parent Consent Form (Please Print and Complete Entire Form)								
Name	Last		First		SexMF	Birth Date _	Month/Day/Year	
Address								
School	Central EL	or JR/SR F	ligh School	· · · · · · · · · · · · · · · · · · ·		Gra	de	
Father/Gua	ardian's Name _			Ce	I/Work Phone			
Mother/Guardian's Name				Ce	Cell/Work Phone			
Home Phone				or Message Pl	one			
E-mail Address								
Family Doctor			Phone					
Parent or Guardian Consent and Insurance Statement I hereby give my consent for the above student to engage in the MIDDLE SCHOOL TRACK & FIELD. I understand the possibility that serious injury may result from participating in activities. I further recognize that as a result of participation, medical treatment on an emergency basis may be necessary and recognize that school personnel may be unable to contact me for my consent for emergency care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance and to assume the expenses of such care. Student must have health insurance to participate.								
Our Family Insurance Company Is: (If Medicaid, please include Medicaid ID number)								

Date

Signature of Parent or Guardian