

Lutheran Sports Association of Missouri, Inc.

2016 State TRACK AND FIELD MEET Application

TYPEWRITE INFORMATION EXCEPT SIGNATURES; IF NO TYPEWRITER IS AVAILABLE, PRINT LEGIBLY IN BLACK INK.

_____ of _____, Missouri, hereby applies to participate
(School name) (City)
in The Missouri State Lutheran Track and Field Meet.

We hereby certify that all participants – players and coaches - listed in this application are eligible to participate in the State Track Meet in accordance with its rules and regulations, which we have read and fully understand.

Our school hereby understands and agrees that entry into the state meet is an authorized school event and that the school accepts any and all liability and responsibility for participation, injury to any participant, loss and /or damage to any property and equipment. The school also hereby waives all liability and responsibility of, and holds harmless, the Lutheran Sports Association of Missouri, Inc., its directors, volunteers, host schools, meet sites and meet officials, for any occurrence of participation, injury to any participant, loss and/or damage to any property and equipment.

School Address: _____ Town, Zip Code: _____

Telephone: _____ FAX: _____

E-Mail: _____ Team Nickname: _____

School Colors: _____ K-8 Enrollment: _____

Athletic Director: _____ Signature: _____

Home Address: _____ Town, State, Zip Code: _____

Home phone: _____

Principal: _____ Signature: _____

Home Address: _____ Town, State, Zip Code: _____

Home phone: _____

STATE TRACK MEET COACHING STAFF

Head Coach: _____ Signature: _____

Home Address: _____ Town, Zip Code: _____

Office Telephone: (_____) _____ Home Telephone: (_____) _____

Assistant Coach: _____ Home Telephone: (_____) _____

Assistant Coach: _____ Home Telephone: (_____) _____

Assistant Coach: _____ Home Telephone: (_____) _____

**A team entry fee pays for a maximum of (4) persons on the coaching staff plus the school Principal and Athletic Director.
OTHER STAFF MEMBERS AND SPOUSES MUST PURCHASE A TICKET!**

Tournament Entry Fee:

\$10 per athlete with a maximum school entry fee of \$150. Send money in with application or bring to the State Track Meet.

Make the check payable to the
Lutheran Sports Association of Missouri.

Send the Application to:

**LSAM State Track
Mr. Chuck Dreessen OR FAX (314) 822-5472
211 Laverne Drive
Fenton, MO 63026
IT MUST ARRIVE BY Thursday, MAY 5, 2016**

Coaches must register their athletes for events by going to www.directathletics.com

2016 LSAM STATE TRACK MEET APPLICATION

BOYS

School: _____ Town: _____

Typewrite information except signatures; if no typewriter is available, print legibly in black ink.

Name of League you belong to: _____

List all the track meets your **BOYS** team participates in:

<u>Name of Meet</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

STATE TRACK ROSTER BOYS DIVISION

	Athlete's Name (Printed)	Athlete's Written Signature	Grade	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Principal's Signature: _____

Total Number of Athlete's on **BOYS** Roster: _____

2016 LSAM STATE TRACK MEET APPLICATION

GIRLS

School: _____ Town: _____

Typewrite information except signatures; if no typewriter is available, print legibly in black ink.

Name of League you belong to: _____

List all the track meets your **GIRLS** team participates in:

<u>Name of Meet</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

STATE TRACK ROSTER GIRLS DIVISION

	Athlete's Name (Printed)	Athlete's Written Signature	Grade	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Principal's Signature: _____

Total Number of Athlete's on **GIRLS** Roster: _____