



Lutheran Sports Association of Missouri, Inc. 2024 State TRACK MEET Application

TYPE INFORMATION EXCEPT SIGNATURES; IF UNABLE TO TYPE, PLEASE PRINT LEGIBLY IN BLACK INK.

_____ of _____, Missouri,
(School name) (city)
hereby applies to participate in The Missouri State LSAM Track 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. 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: _____

Cell phone: (_____) _____

Principal: _____

Signature: _____

Cell phone: (_____) _____

Tournament Entry Fee:

\$10 per athlete

maximum school entry fee is **\$150**

Make checks payable to:

Lutheran Sports Association of Missouri

Send \$ in with roster or bring it to the

coach's meeting day of the State Track Meet

Send Written Application to:

LSAM - Claire Wiegand

Salem Lutheran School

5025 Lakewood Ave.

Affton, MO 63123

OR

Email: lsamtrackandfield@gmail.com

ENTIRE APPLICATION MUST ARRIVE BY: Tuesday, May 7, 2024 @ 8 p.m.

2024 State TRACK MEET Application

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School: _____ Town: _____

Name of League you belong to: _____

STATE TRACK MEET COACHING STAFF

Head Coach: _____

Signature: _____ Cell phone: _____

Assistant Coach: _____

Signature: _____ Cell phone: _____

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				

2024 State TRACK MEET Application

TYPE INFORMATION EXCEPT SIGNATURES; IF UNABLE TO TYPE, PLEASE PRINT LEGIBLY IN BLACK INK.

School: _____ Town: _____

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				

I agree that all the students listed above have complied with the eligibility rules of their league(s) and/or tournament(s). To participate in the Track Meet, a player must have been a full-time student at the school he/she is representing before September 1 of the meet year. Without exception, a player must not have reached the age of fifteen (15) prior to the first day of September that precedes the State Meet.

Principal's Signature: _____

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