

# Concordia Alumni Track and Field Meet Noon Jan. 24, 2009

**Yes, I would like to participate.**

PROBABLE EVENTS

55  200  400  800  Mile  3000  55HH  200H  LJ  TJ  HJ  PV  SP  WT

Yes, I would like to run on a relay. Please help me find other individuals to run.

PROBABLE DISTANCE OF LEG

200  400  800  1200  1600  4 x 200  4 x 400  Sprint Medley  Distance Medley  Shuttle Hurdle Relay

Yes, I would like to help as an official. Event preference \_\_\_\_\_

Yes, I will attend as a spectator.

**ALUMNI KID(S)**

PROBABLE EVENTS

55 Meter  Long Jump  Shot Put

Please stop by the scorer's table or the refreshment room to pick up meet day instructions and a name tag, whether you are competing, officiating or spectating.

**MEDICAL STAFF:** A student or certified athletic trainer will be available at the Memorial Auditorium training room (lower level). The purpose of the certified athletic trainer is to care for injuries and emergencies that occur during the race. If you have a chronic injury, we encourage you to consult a physician.

**No, I will not be able to attend.**

**NAME:** \_\_\_\_\_  
First name Last name (Maiden)

**CATEGORY:**

- Concordia alumni (class of \_\_\_\_\_ )  
 Concordia student  
 Kid(s)  
 Open

**GENDER:**

- Male  
 Female

**E-MAIL:** \_\_\_\_\_

**AGE** (day of meet): \_\_\_\_\_

**NAMES OF CHILDREN/GRANDCHILDREN UNDER AGE 18:** \_\_\_\_\_  
First name, last name and date of birth (return down for additional lines)

**ADDRESS:** \_\_\_\_\_  
Home address

\_\_\_\_\_  
City State ZIP

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

Return this completed form via E-MAIL to [gzlarson@cord.edu](mailto:gzlarson@cord.edu), FAX to (218) 299-4953 or MAIL to:

Attn: Garrick Larson  
Concordia College Athletics Office  
901 8th St. S.  
Moorhead, MN 56562

**DISCLAIMER:** I understand that participation in the Concordia Alumni Track and Field Meet is voluntary. I accept responsibility for any injury (previous or current) that I incur due to my participation. I understand that Concordia College encourages me to seek qualified medical advice prior to my participation and attention from a physician for any injury (previous or current) that I incur.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_