

# Concordia Alumni Track and Field Meet Noon Jan. 20, 2007

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

PROBABLE EVENTS \_\_\_\_\_

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

PROBABLE DISTANCE OF LEG

Kids 55    200    400    800    1200    1600    4 x 200    4 x 400    Sprint Medley    Distance Medley

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

Yes, I will attend as a spectator.

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    Open  
**GENDER:**  Male    Female  
**E-MAIL:** \_\_\_\_\_  
**AGE** (day of meet): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Home address  
\_\_\_\_\_  
City State ZIP

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

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

Concordia College Department of Athletics  
Attn: Garrick Larson  
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 attention from a physician for any injury (previous or current) that I incur.

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