

CCMS Track 2024

Any student that is interested in participating on the CCMS track team must have a guardian complete the bottom portion of this letter and also attend both tryout sessions. If a student makes the track team, they must have a KHSAA Physical Form completed by a physician, complete a Campbell Co. Drug Policy Form, and pay a participation fee of \$65. The KHSAA Physical Form and Drug Policy Form can be found in the CCMS concession area or by following these links: www.camelpride.com, Fan Zone, Forms.

Track Try Out Dates:

Tuesday February 20th. After school until 4:15

Wednesday February 21st. After school until 4:15

- **Practices will start on Thursday February 29th after school until 4:30.**
- **Starting Monday March 4th the team will practice Monday – Thursday after school until 4:30.**
- **The season will go until late May.**

Track Permission form: The bottom portion of this document must be submitted to Mr. Caudill's office prior to participating in track. Along with this permission form, the KHSAA physical form, Drug Policy Form and a \$65 check made payable to CCMS Track must also be submitted. If your child's current KHSAA form and drug policy form are already on file at CCMS you do not need to submit another copy.

Please submit the following:

1. Bottom portion of this letter.
2. KHSAA physical form if not already on file.
3. Drug policy form if not already on file
4. \$65 check made payable to CCMS Track.

Cut here-----

INSURANCE WAIVER:

I give my son/daughter _____ permission

Student's Printed Name

to participate on the CCMS Track team for the spring of 2024 and will not hold the school or its staff responsible for any accident or injury to my son/daughter. In the event of possible injury, I give permission for the administering of emergency medical care.

Signed: (Legal Guardian) _____

Please list a contact name and an email address to receive notification of your child's practice dates and times.

Student's' Name: _____ Circle One: **Male or Female** Grade: _____

Guardian's Name: _____

Email address in which to receive notification of the practice and meet schedule:
