



Shocker Summer Track and Field Series

Track and Field Meets at *Cessna Stadium*
 Open Meets -- Male -- Female -- Youth -- Masters Welcome



Summer 2016

\$5 Entry Fee

All Meets Thursday evenings, 6 PM Start

Register between 5:00pm and 6:30pm.

You must be registered to participate in an event. \$5 covers all the events you may want to participate in.

*** It is essential to start at 6PM so we can finish before the sun goes down. Events will be run in order shown.

| June 2 | June 9 | June 16 | June 23 | June 30 | July 7 | July 14 | July 21 |
|----------------------------|----------------------------|----------------------------|----------------------------|---------|----------------------------|----------------------------|----------------------------|
| 100h/110h | 100h/110h | 100h/110h | 100h/110h | NO MEET | 100h/110h | 2k Steeplechase | 100h/110h |
| 40 yd dash | 40 yd dash | 40 yd dash | 40 yd dash | NO MEET | 40 yd dash | 100h/110h | 40 yd dash |
| Mile | Mile | Mile | Mile | NO MEET | Mile | 40 yd dash | Mile |
| 100m | 100m | 100m | 100m | NO MEET | 100m | Mile | 100m |
| 400m | 400m | 400m | 400m | NO MEET | 400m | 100m | 400m |
| 4x100m | 4x100m | 300/400 hurdles | 4x100m | NO MEET | 300/400 hurdles | 400m | 4x100m |
| 800m | 800m | 4x100m | 800m | NO MEET | 800m | 4x100m | 800m |
| 200m | 200m | 800m | 200m | NO MEET | 200m | 800m | 200m |
| | | 200m | 3k/5k | NO MEET | | 200m | 3k/5k |
| HJ, LJ, TJ, PV, SP, DT, JT | HJ, LJ, TJ, PV, SP, DT, JT | HJ, LJ, TJ, PV, SP, DT, JT | HJ, LJ, TJ, PV, SP, DT, JT | NO MEET | HJ, LJ, TJ, PV, SP, DT, JT | HJ, LJ, TJ, PV, SP, DT, JT | HJ, LJ, TJ, PV, SP, DT, JT |

- Showers and lockers not provided -- come ready to compete.
- Meets start at 6 PM sharp (especially Pole Vault!). Come early to register. Registration opens at 5 PM.
- To speed up the registration process, print and fill out the registration form prior to arriving at the site.
- Races will be hand-timed. Results will not be posted, make sure to get your time after your race!
- Volunteers for timing and field events would be welcomed and appreciated.
- Shoes- Spikes (1/4" pyramid) or running shoes only, no cleats.
- All field events will start at 6 p.m. Open pits will be used for long/triple jump and throws.
- Bring your own implements.
- For more information feel free to contact John Wise at jwise@goshockers.com

Location: Cessna Stadium, Wichita State University Campus (21st and Hillside)



Shocker Summer Track and Field Series Registration Form

Competitor Name: _____ Age: _____ Gender: M F

I verify that myself or my child/ward has been checked by a licensed physician and is physically able to participate in the Shocker Summer Track and Field Series. I understand that participation in the event will involve competition in the sport of track and field and may include vigorous physical exercise or activity involving a multitude of risks, including, but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of my own or my child/ward's being able to participate in the Shocker Summer Track and Field Series, I hereby agree and promise that I will not hold Shocker Fitness nor its employees responsible for any loss, damages, or personal injury received as a result of my own or my child/ward's participation or the conduct of event directors and/or employees, including negligence. I hereby authorize the directors of Shocker Fitness to act for myself or my child/ward according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow myself or my child/ward to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim.

Signature: _____ Date: _____

(Competitors under the age of 18 must have a parent or legal guardian sign)

Parent/Guardian: _____ Emergency Phone #: _____

Signature: _____ Date: _____

| | |
|-----------------------|-----------------------------|
| FOR OFFICIAL USE ONLY | |
| COMP# _____ | PD <input type="checkbox"/> |



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