



March 9th, 2019

Dear Track and Field Participant,

Congratulations! You have qualified to represent the City of Mission Viejo in the *SCMAF Orange County Track and Field Championships* by placing in the top 6 in an individual event.

The 2019 Boys and Girls SCMAF-Orange County Track and Field Championship is scheduled for Sunday, May 19, 2019 at Mission Viejo High School located at 25025 Chrisanta Dr, Mission Viejo, CA 92691. The meet is a rain or shine event.

To participate in the **May 19th Meet**, Please Complete and Forward the attached forms:

- SCMAF Minor Release Form & Consent for Treatment (page 3)
- Copy of birth certificate (picture of birth certificate with smart phone is ok)
- SCMAF OC Track and Field Entry Form (page 2) w/ \$15 (cash, check or credit card)
 - If paying by Credit Card- Please list CC# on SCMAF Entry form

Register/Submit Forms One of Two Ways:

1. Register After Your Race at the Registration Table (Check and Credit Card Only)
2. Drop Off or Mail Items to:
City of Mission Viejo
ATTN: Scott Baker
200 Civic Center Dr.
Mission Viejo, CA 92692

All information MUST be received by Wednesday, May 1st @ 5pm

Participants will not be allowed to compete if this information is not turned in before the deadline.

Participants should report to the City of Mission Viejo representative at the SCMAF-OC Meet no later than 10:30am on May 19th at Mission Viejo High School. The Parade of Participants begins at 11:00am.

Important: Participants may only compete in a maximum of 2 events that they have qualified for (placed 1st - 6th) at the South County Open Track Meet. Please list events that your child will compete in on the OC-SCMAF Entry Form (page 2).

If you are unable to attend the meet, please call 949-470-8493 as soon as possible so that an alternate may compete in your place.

Sincerely,

A handwritten signature in black ink that reads "Scott Baker".

Scott Baker
Recreation Supervisor
SBaker@CityofMissionViejo.org
949-470-8493

Orange County SCMAF

Youth Track & Field Entry Form



The 2019 Boys and Girls SCMAF-OC Track and Field Championship is scheduled for Sunday, May 19, 2019 at Mission Viejo High School located at 25025 Chrisanta Dr, Mission Viejo, CA 92691. The meet is a rain or shine event.

Participant Name: _____
First Last Birth Date

Address: _____
Number Street City Zip Code

Phone Number: _____ Email: _____

Events: Please list the events **(maximum of 2)** participant will attend based on qualification in local meet.

RUNNING EVENT	DIVISION

FIELD EVENT	DIVISION

Payment Information: Please include \$15 dollars with entry form; payment options are cash, check or credit card.
Deadline 5pm Wednesday, May 1st, 2019.

PAYMENT INFORMATION

(PLEASE PRINT CLEARLY)

Entry Fee: \$ 15 Roster Checked Date: _____ Initial: _____

Checks made payable to "The City of Mission Viejo" Check No. _____

Visa/MasterCard/American Express (circle one)

Card No. _____ Ex. Date _____

Signature: _____ Date: _____

PLEASE PRINT

**SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION
(SCMAF)
MINOR RELEASE FORM AND CONSENT FOR TREATMENT**

CHILD'S NAME: _____ ACTIVITY: _____

First Last

MALE _____ FEMALE _____ DATE OF BIRTH: ____/____/____ SCHOOL: _____

PARENT OR GUARDIAN: _____

First Last

ADDRESS: _____

City State Zip

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS (PARENT/GUARDIAN): _____

RELEASE

I give permission for the minor in my custody to participate in the above-mentioned activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or accrue to me, as a result of said minor's participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, the Southern California Municipal Athletic Federation (SCMAF), the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I also hereby agree to Grant to the Southern California Municipal Athletic Federation (SCMAF), the right to use name, likeness, portrait, recorded voice, and biographical material in order to advertise, promote, and publicize SCMAF, but not, as an endorsement of any product or service of any advertiser.

I agree to accept and abide by the rules and regulations of the Southern California Municipal Athletic Federation.

Date

Signature of parent or guardian

CONSENT TO TREATMENT OF MINOR

*In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the Southern California Municipal Athletic Federation and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

Date

Signature of parent or guardian

Family Physician: _____

Telephone: _____

Insurance Co.: _____ Type of Coverage: _____

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____