



# *All-Comer's* **TRACK AND FIELD** *Civic Stadium* **2009**

**Day/Dates:** Mondays, June 8 – August 31, 2009  
**Fees:** \$3/meet  
 \$25/season pass (13 meets). Includes t-shirt.  
 \$75/season pass for families of 3 or more (13 meets). Includes t-shirt.  
**Event Entry:** May enter an unlimited number of events. Some events may not be appropriate for some ages.  
**Registration:** Day of meet beginning at 5:30pm until meet's conclusion.  
**Divisions:** 4 & under, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-29, 30-39, 40-49, 50-59, 60 & up.  
**Awards:** Ribbons given to top three finishers in each age & sex division except for jogger's mile & relays. Jogger's mile T-shirts given to those who predict their mile time within 3 seconds.

### FIELD EVENTS

### RUNNING EVENTS

Discus	All ages	7:30-9pm
Javelin	13 & older	7:30-9pm
Long Jump	7 - 12 (Pit A)	6-7:30pm
	6 & younger (Pit B)	6-7:30pm
	13 & up (Pit A)	7:30-9pm
Triple Jump	11 & up (Pit B)	7:30-9pm
Shot Put	All ages	7:30-9pm
Mini Javelin	12 & younger	6-7:30pm
High Jump	11 & older	6:30pm
	(High jump will start at 3')	
Pole Vault	Pit A Start height 6'	6:30pm
	Pit B Start height 11'	

50m hurdles	6 & under	6pm
50m hurdles	7-12	6:30
50m	7-12	6pm
50m	6 & under	6:30
100m	12 & under	7pm
100m	13 & up	7pm
800m	All ages	7:30
200m	All ages	7:45
Jogger's Mile	7 & up	8:15
400m	All ages	8:30
1500m	7 & up	8:40
4 X 100 Relay	All Ages	8:50
5K	11 & up	8:45

- Open pit during designated times only. Participants receive 3 throws or jumps.
- Pole vaulters must be able to jump on their own safely and start at 6'.
- All times are estimates depending on attendance.

- The 5K will only run the last Monday of the month cancelling the 1500m

**Comments or Questions: Please contact Lance Romo at 360.778-7665 or Lromo@cob.org.**

## *All-Comers TRACK AND FIELD Registration Form*

Mail or bring registration form to Bellingham Parks and Recreation, 3424 Meridian St, Bellingham, WA 98225 Phone (360) 778-7000  
**PROGRAM # 20215 PLEASE PRINT CLEARLY**

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Parent/Guardian Name (print) \_\_\_\_\_

**All participants must sign the following release.** Parents or guardians must sign for minors. I/We, realizing no insurance coverage is provided for the participants, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above-named program. Furthermore, I will not hold the City of Bellingham, employees, volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_