

YOUTH TRACK & FIELD LEAGUE

2020

Schedule of Meets:

Sign up today!

April 5 @ 2 p.m. ~ Tallmadge Middle School

April 19 @ 2 p.m. ~ Tallmadge MS, Massillon MS, Our Lady of the Elms Athletic Complex

April 26 @ 2 p.m. ~ Tallmadge MS, Massillon MS, Nordon HS, Our Lady of the Elms Athletic Complex

May 3 @ 1 p.m. ~ Championship for 8 and under: Massillon MS

May 9 @ 10 a.m. ~ Championship for 10 and under, 11/12. 13/14: Massillon MS

Locations:

- Tallmadge Middle School: 484 East Ave. Tallmadge, OH 44278
- Nordon High School: 8006 S. Bedford Rd. Macedonia, OH 44056
- Massillon Middle School: 250 29th Street NW Massillon OH 44647
- Our Lady of the Elms Athletic Complex: 3360 Ira Rd. Akron, OH 44333

Location Information

Athletes and clubs will be assigned to the location that is nearest to them and will be notified prior to the start of the meet.

**Please remember all dates, locations and times are subject to change.*

REGISTRATION OPTIONS

- ◆ **Individual Registration** (3 options)
 1. Complete Season - \$40
 2. Single Meets - \$10 per meet
 3. Championship Only - \$20
- ◆ **Team Registration** (complete season only)
 1. 1 to 10 athletes - \$36 per athlete
 2. 11 to 25 athletes - \$34 per athlete
 3. 26 to 50 athletes - \$32 per athlete
 4. 51 and up - \$30 per athlete

DEADLINES

- ◆ **March 23:** Coaches need to email Dan Lancianese (dlancian22@gmail.com) or call (330-352-5602) with estimated number of participants.
- ◆ **April 2:** Athletes/clubs/teams will be assigned specific locations for the meets in April.
- ◆ **April 30:** Deadline for championship entries. A separate application will need to be submitted. Seeding for running events will be based on times submitted by coaches or parents.

ODDS & ENDS

- ◆ We would like to set up a network for athletes who may not have a place to train. We are reaching out to clubs who offer track and field to allow these athletes to train at your location. The goal being anyone who may be in need of a training location locates one. If you are interested in joining or would like more information, please contact Dan Lancianese by phone, at 330-352-5602, or visit our website, www.allstartrainingclub.org.

GOAL

- ◆ The goal of the Youth Track and Field League is to provide a comprehensive league that incorporates all populations. The league is open to youth 14 and under including AAU/USA track and field participants. Athletes will be divided into three divisions based on age. Athletes with a disability will compete in Division IV and there is NO age restriction.

AGE DIVISIONS (age as of 4/1/20)

- ◆ **DIVISION I** - 13/14
- ◆ **DIVISION II** - 11/12
- ◆ **DIVISION III** - 10 & under*
**More subdivisions may be added under this division based on enrollment numbers and the ages of the registered athletes.*
- ◆ **DIVISION IV** - All individuals with disabilities - no age limit

EVENTS

- ◆ Each athlete is eligible to compete in a maximum of three events per meet (this includes being a member of a relay team).
- ◆ Order of events will abide by OHSAA schedule for middle school age:
 - Running Events: All divisions: 100m HD, 4 x 200 relay, 1600m run, 4 x 100 relay, 400m dash, 200m hurdles, 800m run, 200m dash, 4 x 400 relay
 - Field Events: All divisions: long jump, standing long jump, and shot put; Division I only: discus; Division I & II only: high jump

For the most up-to-date information, visit our website at www.allstartrainingclub.org, or contact Dan Lancianese, sports supervisor, by email at dlancian22@gmail.com, or by phone at 330-352-5602.

UDS All-Star Training Club

2020 YOUTH TRACK & FIELD LEAGUE

ATHLETE REGISTRATION AND WAIVER FORM

NAME: _____ AGE (AS OF 4/1/2020): _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ GENDER Male Female

PHONE #: _____ NEW TO ATC RETURNING ATHLETE

EMERGENCY CONTACT NAME: _____ BEST PHONE #: _____

WAIVER OF LIABILITY & PHOTO RELEASE

The undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, United Disability Services - All-Star Training Club and the affiliated coaches/volunteers from any liability or claim that participant may have against United Disability Services - All-Star Training Club with respect to bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of United Disability Services - All-Star Training Club or it's officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands that there are inherent physical risks associated with activities and programs and that, United Disability Services - All-Star Training Club does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize United Disability Service - All-Star Training Club (including its directors, boards, agents, employees, and volunteers) to use my image and/or voice in any media form (including, but not limited to, cable television, videos, internet communications, and publicans). I release United Disability Services - All-Star Training Club from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

ATHLETE SIGNATURE: _____ DATE _____

PARENT/GUARDIAN SIGNATURE (if athlete under 18): _____ DATE _____

PAYMENT OPTIONS: (Please select one of the following options below.)

OPTION 1: Entering with a team/club ~ Name of team/club: _____

FEE OPTIONS: Please see your coach for your fee amount. In most cases, your fee amount should be submitted to your team/club coach.

OPTION 2: Entering as an unattached athlete (not affiliated with a team)

FEE OPTIONS:

\$40: Complete Season (4 Meets & Championship)

\$10 per meet: (Select all that apply)

MEETS: April 5 April 19 April 26

\$20: Championship Only - May 3 or May 9

PAYMENT TYPE

Money Order Check # _____ (Made out to United Disability Services)

Credit Card (Please fill out credit card information below.)

Questions/concerns: Please contact Dan Lancianese at 330-352-5602 or by email at dlancian22@gmail.com.

Send application and fee to:
 United Disability Services
 Attn: Leah Ochsenhirt
 Youth Track & Field League
 701 S. Main St.
 Akron, Ohio 44311

Credit Card Info

Credit Card Information - select one: Visa MasterCard Discover

Total Registration Fees \$ _____

Name on Card _____ Billing Zip Code _____

Credit Card Number _____ 3 digit CV# _____ Exp. _____

Signature: _____

