Dear Friends,

Stone Bridge School will host its fifth annual Track and Field Meet on March 27th at the Napa Valley College, 2277 Napa Valley Hwy, Napa, 94558, in Southern Napa. We are grateful to have the support and team energy from individuals who are North Bay movement teachers.

Events:
- Javelin (Moving and Standing Throw) size - 400 & 600
- Shot Put #6
- Disc - 1K
- Standing Broad Jump
- 50 yard, 100 yard, 200 yard, 400 yard, 800 yard, mile, 4 x 100 relay
- School relay

Students are to wear a wrist ban to identify the element they're grouped with. We are all of the elements. As their leader, you are simply to identify where they might spend more time. You can purchase ribbon and give them their colors at the event.

Categories for participants:
- Fire - Red band
  These individual are super enthusiastic and restless competitors.

- Earth - Yellow band
  These individuals may be methodical move when they want to move.

- Air - Green band
  These individuals are emotional about their work.

- Water - Blue band
  These individuals are more analytical about their work, just a lot of thinking.
REGISTRATION: Please submit the following by January 17, 2020:

- Track and Field Registration Form
- T-Shirt Size Request
- Agreement for Adult Voluntary Participation forms for each chaperone (attached)
- Agreement for Student Voluntary Participation forms for each student (attached)
- Certificate of Insurances (two)
- Payment-made payable to Stone Bridge School (payment-refunds after January 17th will not be considered)

INSURANCE CERTIFICATES INFO:

1. As a participant in Stone Bridge School’s annual Track and Field Meet, we are requesting that you please submit a certificate of insurance listing Stone Bridge School as an additional insured on your liability insurance policy. Please address this certificate to 1680 Los Carneros Avenue Napa, CA 94559.

2. We also request that you submit a second insurance certificate listing Napa Valley College as an additional insured on your liability insurance policy. Their address is 2277 Napa Valley Highway Napa, CA 94558. This is where the event will be located.

Stone Bridge School
1680 Los Carneros Avenue
Napa, Ca 94559
Contact Person: Wil Anderson – 707-815-7591
School number: 707 252 5522
School Fax: 707 251 9767

THINGS TO KNOW:
- There will be first, second & third, place ribbons given during the event.
- Each school should bring: Two pop ups, first aid kit, and someone assigned to first aid.
- Students need to have: Loose running clothing (layered) without insignia, cap, lunch, snacks, water, water bottle, good running shoes, and a healthy spirit.
- Rain or Shine the event proceeds.
- As guest of the college we are expected to leave the place free of litter.

Thank you for joining this wonderful moment as we celebrate the remarkable work of these young human beings.

We Are One,
Wil Anderson Movement/ Games Coordinator – Stone Bridge School
TRACK AND FIELD PARTICIPATION REGISTRATION FORM
Friday, March 27th, 2020

Please provide the following information by January 17th, 2020:

Name of School_______________________________________________________________

Movement Teacher’s Name_______________________________________________________

Class Teacher’s Name___________________________________________________________

Contact Person_______________________________________________________________

Contact Person’s Phone Number_________________________________________________

Contact Person’s Email Address__________________________________________________

# of Students Attending: __________

Movement Teachers are asked to participate. Please choose a first through third choice of the different events you are willing to officiate. We’d like a team effort with the running events. Please acknowledge that you will work on some of the Running Events (RE).

Javelin________
Discus_______
Shot put_______
Standing broad jump________
Running Events________
RE_______RE_______RE_______RE_______RE_______RE_______RE_______RE_______
**TSHIRTS:**

Each student will receive a tee-shirt. It is included in the cost of the event.
The shirts are adult sized. (S, M, L, XL) Please place Tee-shirt size next to the name of the student.

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<th>Girl Names</th>
<th>T-Shirt Size</th>
<th>Boy Names</th>
<th>T-Shirt Size</th>
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Please provide names of students who have special needs and what will provide the best situation for them based on your experience.

Names of students and needs:

____________________________________________________________________________________
_________________________________________________________________________________
Agreement for **STUDENT** voluntary activity participation and authorization for medical care

To the Principal of: Stone Bridge School

____________________________________________________________________________

(Student Name and Grade: please print) From: (School Name)

has my permission to participate in the following extra-curricular activity, club, program, or special class:

Track and Field

to be held at: Napa Valley College 2277 Napa Vallejo Hyw. Supervising Teacher: Wil Anderson

Days/Times: Friday, March 27 2020 / 8am-4pm

PARENTS, PLEASE NOTE: It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of student is at the discretion of School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X________________________________________________________________________

Authorized Signature of Parent or Guardian

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<th>AUTHORIZATION FOR MEDICAL CARE</th>
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<td>If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician.</td>
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Student Name: __________________________________________

Home Address: __________________________________________

Parent/Guardian Home Phone No.: __________________________

Parent/Guardian Work Phone No.: __________________________

Emergency Contact Phone No.: ___________________________

X______________________________________________

Authorized Signature of Parent or Guardian

Parent or Guardian’s Name (please print)

Date: ______________________________

□ PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.
Agreement for ADULT voluntary activity participation and authorization for medical care

To: STONE BRIDGE SCHOOL

Name of volunteer/participant: _____________________________________________ Phone #: ____________________________

(Please print)

Name of the School you are volunteering for: ________________________________

Specific nature of activity/event: Track and Field

Date of activity: Friday, March 27, 2020 Time of activity: 8:00 a.m.-4 p.m.

Person in charge: WIL ANDERSON, STONE BRIDGE SCHOOL

I understand and agree that in return for this waiver and the other promises herein [School] will permit me to participate in the voluntary activity described above.

I fully understand that volunteers/participants are to abide by all rules and regulations governing conduct as directed by [School] during the activity.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY:
It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of [Activity/Event], and agrees that [School] shall not be responsible or liable for any and all injuries sustained by me, or for any loss, damage or expense arising out of my voluntary participation. As a volunteer, I understand that no compensation is expected in return for services I may contribute and that [School] will not provide any benefits traditionally associated with employment, such as workers’ compensation, health or accident insurance. In the event of personal injury or illness, I am responsible for my own costs, damages and expenses.

With respect to my participation in this activity/event, I release, hold harmless and waive all claims against [School], its officers, agents, employees, volunteers; the School District; and the State of California without regard to negligence. I have no question regarding the scope or intent of this agreement, and have the right and authority to bind myself and any other family member, personal representative, assign, heir, trustee, or guardian to the terms herein.

X________________________________________________________________________ Signature of Volunteer/Participant

EMERGENCY MEDICAL TREATMENT AUTHORIZATION
In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, dental diagnosis/treatment, hospital care and emergency transportation may be considered necessary in the best judgment of the attending physician, surgeon or dentist.

X________________________________________________________________________ Signature of Volunteer/Participant

Medical Insurance Carrier and Policy or Group Number:

________________________________________________________________________

Emergency Contact: ___________________________ Relationship: __________________________

Phone Number: ___________________________