

CHINO VALLEY YOUTH TRACK & FIELD MEET

2025 TRACK & FIELD EVENTS

Div. 18
(Born in 2018 or after)

50 Meter Dash
100 Meter Dash
200 Meter Dash

Long Jump
Softball Throw

Div. 17
(Born in 2017)

50 Meter Dash
100 Meter Dash
200 Meter Dash
400 Meter Run

Long Jump
Softball Throw

Div. 16
(Born in 2016)

50 Meter Dash
100 Meter Dash
200 Meter Dash
400 Meter Run

Long Jump
Softball Throw

Div. 15
(Born in 2015)

100 Meter Dash
200 Meter Dash
400 Meter Run
800 Meter Run

Long Jump
Softball Throw

Div. 14
(Born in 2014)

100 Meter Dash
200 Meter Dash
400 Meter Run
800 Meter Run

Long Jump
Softball Throw

Div. 13
(Born in 2013)

100 Meter Dash
200 Meter Dash
400 Meter Run
800 Meter Run

Long Jump
Softball Throw

Div. 12
(Born in 2012)

100 Meter Dash
200 Meter Dash
400 Meter Run
1600 Meter Run

Long Jump
Softball Throw
Shot Put

Div. 10-11
(Born in 2010-2011)

100 Meter Dash
200 Meter Dash
400 Meter Run
1600 Meter Run

Long Jump
Softball Throw
Shot Put

**Division 10-11 athletes
must provide proof of being
no higher than 8th grade.**



CITY OF CHINO

COMMUNITY SERVICES, PARKS & RECREATION

Receipt # _____

Staff Initials _____

2025 CHINO VALLEY YOUTH TRACK & FIELD MEET

CHILD'S NAME: _____ Gender _____ Age DOB ____/____/____

NAME OF PARENT/GUARDIAN: _____ Gender _____ Age DOB ____/____/____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

BEST PHONE: (____) _____ EMAIL ADDRESS: _____

CELL PHONE: (____) _____ *PROMOTIONAL EMAIL: YES: _____ NO: _____

PHONE SERVICE PROVIDER: _____ * TEXT MESSAGES: YES: _____ NO: _____

SCHOOL: _____ GRADE: _____ COACH: _____

EVENT #1: _____ EVENT #2: _____

TEAM COACH WILL LIST AND DETERMINE EVENT PARTICIPATION IF NECESSARY.

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 Community Services Department/Recreation Division or their representatives, agents or assignees, when neither the parents, guardian nor designated family physician can be connected. 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."

FAMILY PHYSICIAN/GROUP: _____ PHONE # (____) _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

INSURANCE COMPANY: _____ POLICY# _____

PERTINENT MEDICAL HISTORY INFORMATION (Epilepsy, asthma, diabetes, allergies, medications, etc.)

EMERGENCY NUMBERS (other than Parent/Guardian)

1. Name/Relation: _____ Phone# (____) _____

2. Name/Relation: _____ Phone# (____) _____

♦ Important Notice ♦

If competing for a school, please confirm final event placement with your team.

Event changes will NOT be allowed for any reason at the event.

NO EXCEPTIONS!

Please continue to fill out the back of this form.

*** WAIVER AND RELEASE BY APPLICANT(S)
FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM AND/OR
USE OF A CITY OF CHINO FACILITY**

In exchange for being permitted to participate in any City of Chino activity and/or use any City of Chino facility, I acknowledge and attest to the fact that:

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, may result in injury, death, property damage, and other losses, and I assume all of those risks.
3. I am legally competent to understand and accept the associated risks.
4. I waive, and release the City, its officials, employees, and volunteers from, all claims for any injury, death, property damage, or other loss resulting from my participation in the activity, and/or that of my child/children/guardians.
5. I am responsible for payment of all fees for, and liabilities and damages resulting from, my participation in the activity and/or that of my child/children/guardians, including damages to City property, injury to other participants, or other losses of any kind.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my willful misconduct, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that such photographs and film will be the sole property of the City and that neither I nor my child/children/guardians will be entitled to any license fee or royalty for the City's use thereof.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed and implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission related to the activity.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use of rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.
13. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Although the City is following recommended steps by County health officials, the City cannot protect participants and their family against all possible risks of COVID-19. I understand and acknowledge that participants are encouraged to wash their hands frequently and must take all necessary steps to protect their health consistent with federal, state and county public health guidelines. By participating in the activity, potentially being exposed to others who might have COVID-19, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Printed Name: _____ ☐ Parent/Guardian

Signature: _____ Date: _____

Address: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Organization (if any): _____

The City of Chino, in compliance with the Americans with Disabilities Act (ADA); does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Requests for accommodations and information regarding provisions of the ADA may be requested from Lisa Almilli, Accessibility Coordinator, at 909.334.3524.

Order Form:

CASH ONLY due by 1/29/25

Youth Track T-Shirt \$11 each

Size	Quantity
Youth Small	
Youth Medium	
Youth Large	
Youth X-Large	

Adult Track T-Shirt \$11 each

Size	Quantity
Adult Small	
Adult Medium	
Adult Large	
Adult X-Large	
Adult XXL	

CASH ONLY

Track Entry Fee (required) \$14

T-Shirt (optional) x \$11 each _____

Total Due/Enclosed : _____

CASH ONLY CASH ONLY due by 1/29/25