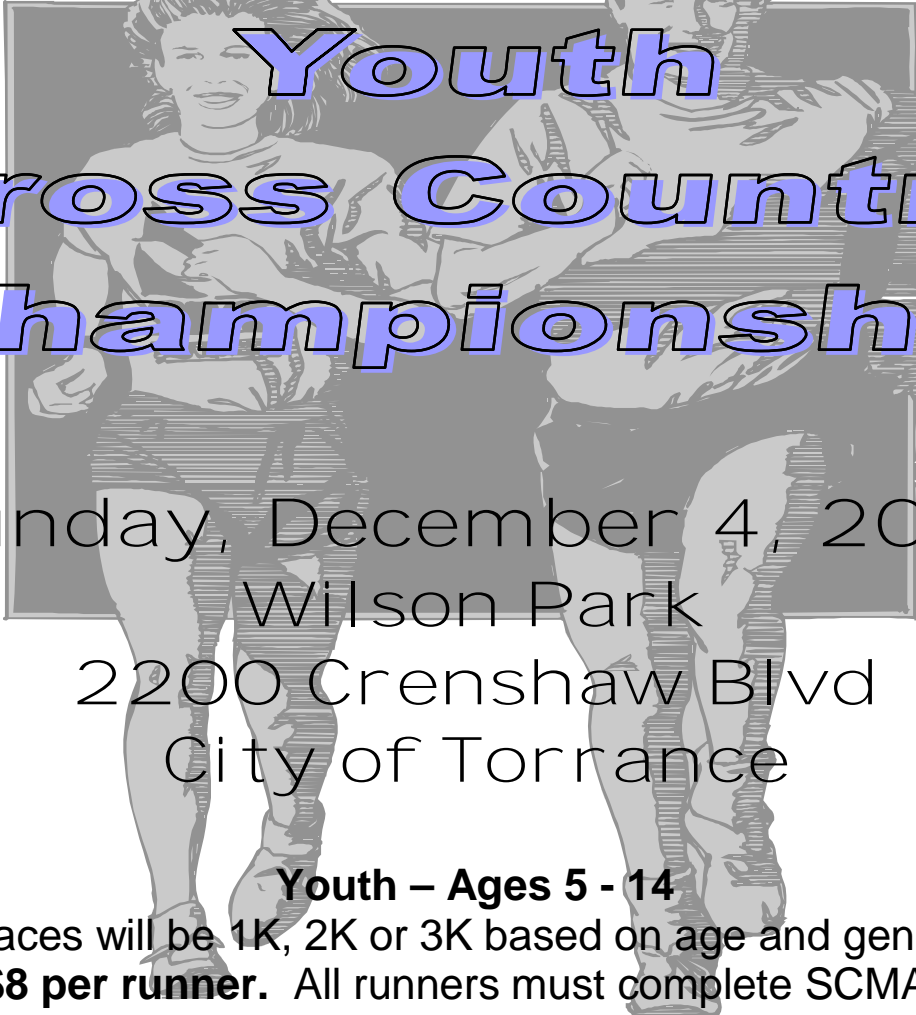


City of Torrance
Community Services Department
RECREATION DIVISION
"Creating & Enriching Community through People, Programs & Partnerships"

&
Southern California Municipal
Athletic Federation



Youth Cross Country Championship

Sunday, December 4, 2011

Wilson Park

2200 Crenshaw Blvd

City of Torrance

Youth – Ages 5 - 14

Races will be 1K, 2K or 3K based on age and gender.

Cost: \$8 per runner. All runners must complete SCMAF waiver and have proof of age on file to run race. No prior or experience or qualifying marks required.

1st Race Starts at 10:30 AM

For more information, contact Dave Dill at (310) 618-2838 or ddill@TorranceCA.gov or visit www.SCMAF.org.

Printed on recycled paper





Southern California Municipal Athletic Federation 2011 Youth Cross Country Championships

Eligibility

In order to compete in the SCMAF Championships, the following eligibility criteria must be met:

1. Participants must compete in their age division
2. All participants must have a Birth verification and SCMAF Minor Release form on file with the meet director.
3. Participants must be qualified through their respective agency, SCMAF member organization or youth sports organization.
4. The SCMAF Cross Country Championships will be viewed as an 'all comers' meet. 'Day Of' Registration will be available.

Uniforms and Equipment

1. Participants must wear some type of gym clothing. Shoes and shorts are required.
2. Tennis shoes and/or cross country shoes must be worn.
3. Spiked track and turf shoes are not permitted. Track shoes designed for spikes are not allowed, even if spikes are removed.
4. Participants may wear watches or other timing devices during competition. No other jewelry will be permitted on the course.

Awards

Medals will be awarded to the first eight (8) places in each individual event. Ribbons will be awarded to ninth (9th) through fifteenth (15th) place finishers in each individual event.

Fees

Entry Fees for each participant shall be \$8.00. All checks must be made out to 'SCMAF'. Associations will be billed for the number of entries, not actual participation. Arrangements can be made for athletes of a team may check in together with a single check or cash payment.

General Rules and Modifications

The official SCMAF Youth Sports rules shall govern all SCMAF Cross Country competitions. SCMAF has created these rules based upon National Federation of State High School Associations (NFSHA) and the California Interscholastic Federation (CIF). NFSHA or CIF rules shall be employed except when they are in conflict with SCMAF Youth Sports rules. In such cases, the official SCMAF rules shall apply.

1. Runners committing two (2) false starts shall be disqualified.
2. A runner shall be liable for disqualification if he/she interferes, obstructs, or gains an advantage over other runners.
3. No pacing shall be allowed.

Competition Divisions

1. Age Division – The year born shall be the sole criteria for determining the competition division. Participants must provide written verification of date of birth. All participants are encouraged to bring a picture ID with them to the championship.
2. Age Groups – The following age groups shall be used for the SCMAF Championships:
Year Born
1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005
3. Gender Divisions – boys and girls will compete in separate Boys and Girls Divisions.
4. Meet Director may choose to combine divisions and gender based on number of participants.
5. Finishing order shall be based solely on year born and gender.

Order of Events

<u>Time</u>	<u>Event</u>
9:00 a.m.	Check-in begins – Pick up race tags
10:00 a.m.	Optional course walk through for Div. 2003 - 2005 (1K course)
10:10 a.m.	Optional course walk through for Div 2000 - 2002 (2K course)
10:15 a.m.	Optional course walk through for Div 1997 -1999 (3K course)
10:30 a.m.	First Race

**Participants must check in no later than 30 minutes prior to scheduled start time.
Events will not start before scheduled time.**

10:30	Div 05 Girls	10:45	Div 05 Boys	1 Kilometer
11:00	Div 04 Girls	11:15	Div 04 Boys	1Kilometer
11:30	Div 03 Girls	11:45	Div 03 Boys	1 Kilometer
12:00	Div 02 Girls	12:15	Div 02 Boys	2 Kilometers
1:00	Div 01 Girls	1:15	Div 01 Boys	2 Kilometers
1:30	Div 00 Girls	1:45	Div 00 Boys	2 Kilometers
2:00	Div 99 Girls	2:15	Div 99 Boys	3 Kilometers
2:30	Div 98 Girls	2:30	Div 98 Boys	3 Kilometers
2:45	Div 97 Girls	2:45	Div 97 Boys	3 Kilometers

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

CHILD'S NAME: _____

First Last

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

NAME OF PARENT OR GUARDIAN: _____

First Last

ADDRESS: _____

City State Zip

HOME PHONE: _____ **BUSINESS PHONE:** _____

ACTIVITY: _____

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 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.) _____

Emergency Numbers: (other than parents)

1. Name _____ Phone _____

2. Name _____ Phone _____