PACER TRACK CLUB 2020 CROSS-COUNTRY MEET #1

DATE: Sunday September 27, 2020 ***TIME:*** *Registration: 8:00AM – 8:30 AM;*
LOCATION: Mingo Creek Park-Shelter #6

Walk Course – No Course Walk; First Race – 9:00 AM *(Starting with 8-under)*

Online Registration Preferred*/same day accepted*

https://www.athletic.net/edit/crosscountry/register/2365429/

ENTRY FEE: $10.00
SANCTION *- Three Rivers Association, USATF*
AWARDS: *- Medals places-1 – 3; Ribbons, places 4 – 6*
MEET DIRECTOR: *Steve Meddings, 1506 Jenkins Drive, Upper St. Clair, PA 15241; 724-301-8101 Email: stevemeddings@gmail.com*

DIRECTIONS: From Pgh. *– South on I-79, take exit 43, turn right onto Rt. 519 South toward Eighty-Four approx. 7 miles to Rt. 136, turn left (east) on 136 approx. 4 ¼ miles to Mingo Creek Park entrance on left and then follow posted signs to race area*
From I-70 *– Take the Eighty-Four exit; take Rt. 519 North to Rt. 136, turn right (east) on 136 approx. 4 ¼ miles to Park entrance and then follow posted signs.*

Divisions: 8 & under (2K), 9-10 (3K), 11-12 (3K), 13-14 (4K), 15-16 (5K), 17-18 (5K)

Please make sure to follow all CDC Covid guidelines regarding Masks & Social Distancing

RESTROOMS ON PREMISES
COME DRESSED TO RUN!
Detach and return – please print

Name_____DOB_____

Gender (circle) Boy Girl

Address_____

City/State/Zip_____

Club_____ Phone_____

In consideration of this entry being accepted, I hereby for myself, my heirs, executors, administrators, waive and release any and all claims for damages I may have against the Bethel Park School District, Bethel Park Recreation Track Club, Pacer Track Club, Washington County Recreation, Three Rivers Association, USATF, its members, meet officials, meet committee and their agents, representatives, successors, and assigns for any and all injuries suffered by me or my child at this meet. I certify that myself or child is an amateur athlete. I further certify that my child or I have trained sufficiently to participate in this meet.

Signed_____
Signature Athlete Signature Parent/Guardian*(required)* ***Date***

Entry Fee Paid _____ BIB # _____