



Holy Savior Academy

The Middlebrook Deanery
Catholic School

Holy Savior Academy Spring Track Program

Dear Parents/Guardians,

Holy Savior Academy will once again compete in the 2026 Central Jersey Catholic Track Conference (CJCTC). **All Holy Savior Academy (HSA) students from kindergarten through eighth grade are welcome to join the HSA track team.** The fee is \$50 for the first child in each family and \$30 for each additional sibling. If your child/children are interested, please complete and sign the attached registration form and return it to HSA or me, along with payment (Venmo: Holy Savior Academy / @HolySavior-Academy or Check: payable to “Holy Savior Academy”). Students cannot participate without a completed registration form and payment. **Please note the registration form must be notarized.** We will have a Notary Public at HSA during the following dates/times:

1. Tuesday, March 17, 2026, 4-6pm
2. Wednesday, March 18, 2026, 4-6pm
3. Registration forms with payment may also be brought to school in an envelope attention to Mrs Bressler
4. Registration must include 3 forms with payment. \$50 for first child/\$30 for additional siblings. \$60 fundraiser fee if opting out of fundraising

Practices:

Practices are tentatively scheduled as follows from Monday, March 23 through approximately Friday, May 23: at St Thomas High school. Details to follow.

Practice Attire:

Runners can wear shorts, tights, sweatpants, T-shirts, sweatshirts, and/or jackets/coats depending on the temperature. It is best to wear layers so the runners can remove them if they get too warm. Additionally, wool hats and gloves work well during cooler evenings.

Practice Logistics:

- Please ensure your child uses the restroom prior to practice as we typically do not have restroom access during practices
- It is important for all runners to arrive on-time for practice so not to miss the warm-ups and stretches. If it is necessary for a runner to come late to practice, it will be the runner's responsibility to warm up and stretch before joining practice.
- Runners should bring water to practice

Meets:

The dual, tri, and championship meet dates have not been finalized. I will communicate the schedule via **WhatsApp**.

Meet Attire:

Holy Savior Academy Track/Gym T-shirts and gym shorts/sweatpants must be worn to each meet. Please make sure all articles of clothing are labeled with the child's name.

The Holy Savior Academy Track T-shirts are the same as last year and are available for purchase for \$15. Please see me if your child needs one.

Meet Logistics:

- If your child/children are unavailable for a meet, please contact me in advance
- Parents/guardians are required to stay with their children during meets
- Between events, parents/guardians are responsible for their children

Behavior:

Runners are to adhere to the HSA Letter of Conduct during practices and meets

Coaches/Volunteering:

We currently have three assistant coaches this season. If you are interested in being an assistant coach, please contact me, as we can always use the extra help. Additionally, we will need timers and marshalls during the meets. Please let me know if you are interested. Thanks!

Fundraising:

We will have a mandatory fundraising event this season. It will be Double Good Popcorn where 50% of the sales go to HSA. Please see the attached fundraiser form.

Thank you for your interest and cooperation. I am looking forward to another great season. If you have any questions, please contact me.

Go Storm!
HSA Athletics

**Diocese of Metuchen
Office of Youth & Young Adult Ministry
CJCTC Track League 2026 Player Registration Form**

Player's Information

Student Name: _____ Age: _____

Date of Birth _____ Grade _____

Parent / Guardian _____

Phone - Home (_____) _____ Cell (_____) _____

Work (_____) _____ Parent's Email Address: _____

Address _____

City / State / Zip _____

Emergency contact _____ Phone: (_____) _____

Health Insurance Company: _____

Policy Number: _____ Policyholder Name: _____

Doctor's Name: _____ Doctor's Phone #: _____

Hospital Preference (in case of emergency): _____

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| IMPORTANT |
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I consent to my child, _____ ("my child"), participating in the CJCTC Track League and consent to the mode of transportation as indicated (see page 2). My child and I will abide by the rules and regulations of the Diocese of Metuchen, its affiliated organizations including CYM Sports.

I specifically waive and release any and all claims of any nature which I may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Player's Name

Signature: _____ Signature: _____
Signature of Parent/Legal Guardian Player's Signature

Date: _____ Date: _____

SIGN BOTH SIDES OF THIS FORM. INCOMPLETE FORMS WILL MAKE PLAYER INELIGIBLE TO PLAY. REGISTRATION FORMS MUST BE SUBMITTED PRIOR TO THE BEGINNING OF THE TRACK SEASON FOR PARTICIPANT TO PLAY.

CJCTC Track League 2026 Player Registration Form

Parent/Guardian: Please read carefully and sign below.

MEDICAL RELEASE

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the CJCTC Track League. Should emergency medical treatment be necessary and I cannot be reached immediately, I authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication. In the event that my child requires medication during the above described activity, I understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

PHOTO RELEASE

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS

I agree that I have read and fully understand the *Office of Youth & Adult Ministry's/CYM's Policies, Rules of Conduct & Bylaws* (available on www.diometuchen.org) and I agree to adhere to them. I agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I assume all responsibility and transportation costs.

In witness thereof, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Parent/Guardian Name (Print): _____ Date: _____

Signature of Parent/Guardian: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

During the hours of track activities I can be reached at (phone/cell phone number): (_____) _____

Notary Public (REQUIRED): _____ **Date:** _____

Double Good Popcorn Fundraiser

All Families must participate in the track fundraiser in April. It's one fundraiser per family.

Family Name _____

Please choose--

_____ I agree to sell \$100 or more of popcorn

_____ I will not participate in the fundraiser and agree to pay \$60 at Registration.

Child Name

Child Grade

Parent Signature