SCMAF CROSS COUNTRY INVITATIONAL

Sunday, December 8, 2019
Arcadia Community County Regional Park
405 South Santa Anita Avenue
Arcadia, CA 91006

FIRST RACE STARTS AT 10:00am

- Divisions for ages 5 to adult
- No prior experience or qualifying required
- Races will be 1K, 2K, 3K & 5K grouped by age and gender
- All runners must complete the SCMAF waiver and have proof of age on file to race
- Race Fee: $12 per runner

FOR MORE INFORMATION AND REGISTRATION FORMS: www.scmaf.org/cross-country
FOR ADDITIONAL INFORMATION: ☏ 626-448-0853 Ext. 15  scmaf@scmaf.org
Southern California Municipal Athletic Federation
2019 Cross Country Invitational

GROUP PRE-REGISTRATION IS ENCOURAGED
WALK-UP REGISTRATIONS WILL BE ACCEPTED

Eligibility

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

1. Participants must compete in their age division
2. All youth participants must have a Birth verification and SCMAF Minor Release form on file with the meet director.
3. No prior experience or qualifying required.
4. The SCMAF Cross Country Invitational 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 five (5) places in each individual event. Ribbons will be awarded to sixth (6th) through tenth (10th) place finishers in each individual event.

Fees

Entry Fees for each participant shall be $12.00. 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 to check in together with a single check or cash payment.
General Rules and Modifications

The official SCMAF 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
3. Gender Divisions – boys and girls will compete in separate divisions; men and women will compete in separate 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

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 AM</td>
<td>Check-in begins – Pick up race tags</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>Optional course walk through for all Divisions</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>First Race</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>Div 03 thru Adult Women’s 5 Kilometers</td>
</tr>
<tr>
<td>10:00</td>
<td>Div 03 thru Adult Men’s 5 Kilometers</td>
</tr>
<tr>
<td>10:40</td>
<td>Div 14 Girls 1 Kilometer</td>
</tr>
<tr>
<td>10:55</td>
<td>Div 14 Boys 1 Kilometer</td>
</tr>
<tr>
<td>10:40</td>
<td>Div 13 Girls 1 Kilometer</td>
</tr>
<tr>
<td>10:55</td>
<td>Div 13 Boys 1 Kilometer</td>
</tr>
<tr>
<td>10:40</td>
<td>Div 12 Girls 1 Kilometer</td>
</tr>
<tr>
<td>10:55</td>
<td>Div 12 Boys 1 Kilometer</td>
</tr>
<tr>
<td>11:10</td>
<td>Div 11 Girls 2 Kilometers</td>
</tr>
<tr>
<td>11:30</td>
<td>Div 11 Boys 2 Kilometers</td>
</tr>
<tr>
<td>11:10</td>
<td>Div 10 Girls 2 Kilometers</td>
</tr>
<tr>
<td>11:30</td>
<td>Div 10 Boys 2 Kilometers</td>
</tr>
<tr>
<td>11:10</td>
<td>Div 09 Girls 2 Kilometers</td>
</tr>
<tr>
<td>11:30</td>
<td>Div 09 Boys 2 Kilometers</td>
</tr>
<tr>
<td>11:50</td>
<td>Div 08 Girls 3 Kilometers</td>
</tr>
<tr>
<td>12:20</td>
<td>Div 08 Boys 3 Kilometers</td>
</tr>
<tr>
<td>11:50</td>
<td>Div 07 Girls 3 Kilometers</td>
</tr>
<tr>
<td>12:20</td>
<td>Div 07 Boys 3 Kilometers</td>
</tr>
<tr>
<td>11:50</td>
<td>Div 06 Girls 3 Kilometers</td>
</tr>
<tr>
<td>12:20</td>
<td>Div 06 Boys 3 Kilometers</td>
</tr>
<tr>
<td>11:50</td>
<td>Div 05 Girls 3 Kilometers</td>
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<tr>
<td>12:20</td>
<td>Div 05 Boys 3 Kilometers</td>
</tr>
<tr>
<td>11:50</td>
<td>Div 04 Girls 3 Kilometers</td>
</tr>
<tr>
<td>12:20</td>
<td>Div 04 Boys 3 Kilometers</td>
</tr>
</tbody>
</table>
CHILD’S NAME: ______________________________________ ACTIVITY: 2019 SCMAF Cross Country Invitational

First                      Last
MALE ____ FEMALE _____ DATE OF BIRTH: ____/____/____ SCHOOL: _______________________________________________________

PARENT OR GUARDIAN: ____________________________________________________________________________________

First                                               Last
ADDRESS: _________________________________________________________________________________________________
City                                   State                            Zip
HOME PHONE:  ______________________________________   CELL PHONE: _______________________________________

E-MAIL ADDRESS (PARENT/GUARDIAN): _____________________________________________________________________

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 also hereby agree to Grant to the Southern California Municipal Athletic Federation (SCMAF), the right to use name, likeness, portrait, recorded voice, and biographical material in order to advertise, promote, and publicize SCMAF, but not, as an endorsement of any product or service of any advertiser.

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 Number (other than parents):  Name: _______________________________________   Phone: _____________________