

2025 Live Healthy Iowa Track Meet
Saturday, May 3 at Open Space Park

The Sioux Center Recreation Department is sponsoring the Live Healthy Iowa Track Meet on Saturday, May 3. The meet begins with field events begins at 3:00 p.m. This event is FREE and open to all boys and girls born in 2011-2018.

Participants may enter 4 events – either 2 fields and 1 running plus the relay, or 2 running and 1 field plus the relay. Please **circle the events** you wish to participate in. **You must form your own relay team.**

RETURN TO SCHOOL BY FRIDAY, APRIL 18

Name: _____ Male or Female: _____
Phone Number: _____ School: _____
Email: _____
Date of Birth: Month _____ Day _____ Year _____

(Runners must compete in the age group by how old you are on December 31, 2025)

Age as of December 31, 2025 _____

Boys 7-8 (Born in 2017-2018)

1. 50 meter dash
 2. 100 meter dash
 3. 200 meter dash
 4. Standing Long Jump
 5. Softball Throw
 6. 4x100 meter relay (list below)
- (Must form own relay)

Name:

1. _____ (born) 20__
2. _____ 20__
3. _____ 20__
4. _____ 20__

Girls 7-8 (Born in 2017-2018)

1. 50 meter
 2. 100 meter dash
 3. 200 meter dash
 4. Standing Long Jump
 5. Softball Throw
 6. 4x100 meter relay (list below)
- (Must form own relay)

Name:

1. _____ (born) 20__
2. _____ 20__
3. _____ 20__
4. _____ 20__

Boys 9-10 (Born in 2015-2016)

1. 50 meter dash
 2. 100 meter dash
 3. 200 meter dash
 4. 400 meter dash
 5. Standing Long Jump
 6. Softball Throw
 7. 4x100 meter relay (list below)
- (Must form own relay)

Name:

1. _____ (born) 20__
2. _____ 20__
3. _____ 20__
4. _____ 20__

Girls 9-10 (Born in 2015-2016)

1. 50 meter
 2. 100 meter dash
 3. 200 meter dash
 4. 400 meter dash
 5. Standing Long Jump
 6. Softball Throw
 7. 4x100 meter relay (list below)
- (Must form own relay)

Name:

1. _____ (born) 20__
2. _____ 20__
3. _____ 20__
4. _____ 20__

Boys 11-12 (Born in 2013-2014)

1. 100 meter dash
2. 200 meter dash
3. 400 meter dash
4. 800 meter run
5. Standing Long Jump
6. Softball Throw
7. 4x100 meter relay (list below)
(Must form own relay)

Name: _____

1. _____ (born) 20____
2. _____ 20____
3. _____ 20____
4. _____ 20____

Girls 11-12 (Born in 2013-2014)

1. 100 meter dash
2. 200 meter dash
3. 400 meter dash
4. 800 meter run
5. Standing Long Jump
6. Softball Throw
7. 4x100 meter relay (list below)
(Must form own relay)

Name: _____

1. _____ (born) 20____
2. _____ 20____
3. _____ 20____
4. _____ 20____

Boys 13-14 (Born in 2011-2012)

1. 100 meter dash
2. 200 meter dash
3. 400 meter dash
4. 1600 meter run
5. Standing Long Jump
6. Softball Throw
7. 4x100 meter relay (list below)
(Must form own relay)

Name: _____

1. _____ (born) 20____
2. _____ 20____
3. _____ 20____
4. _____ 20____

Girls 13-14 (Born in 2011-2012)

1. 100 meter dash
2. 200 meter dash
3. 400 meter run
4. 1600 meter run
5. Standing Long Jump
6. Softball Throw
7. 4x100 meter relay (list below)
(Must form own relay)

Name: _____

1. _____ (born) 20____
2. _____ 20____
3. _____ 20____
4. _____ 20____

All participants must compete in their age group and gender division.

RETURN TO SCHOOL BY FRIDAY, APRIL 18.

We need volunteers to time and measure. Would you be willing to help?

Name: _____ Event: _____

Phone: (cell) _____ Email: _____

*****All volunteers will receive a coupon for a free buffet and pop at the Pizza Ranch following the meet*****

The above named participant and the participant's parent/legal guardian have requested registration of the participant in the Live Healthy Iowa Youth Program. In consideration of such registration, the right of the participant to compete in the Live Healthy Iowa Youth Program and the use by the participant of the sponsoring agency's facilities at the participant's sole risk and the participant on his/her own behalf and on the behalf of his/her heir, executors, administrators and assign hereby release, discharge and agree to hold harmless Sioux Center Recreation & Arts Council and the City of Sioux Center. We also agree to allow Live Healthy Iowa Youth Programs to use and reproduce the participant's name and/or likeness and/or information concerning the participant to circulate the same for any and all purposes in any manner. We certify that the information on this participation form is correct.

Signature of Parent/Guardian: _____

Date: _____