# **UHBL** Babe Zaharias Memorial Relays

TO: ACADEMICS FOR LIFE, SPECIAL NEEDS AND LIFE SKILLS PERSONNEL

**RE**: YMBL BABE ZAHARIAS MEMORIAL RELAYS SPECIAL ATHLETICS

PROGRAM IN COOPERATION WITH BISD AND REGION 5 EDUCATION

CENTER.

**LOCATION:** UNITED HIGH SCHOOL, BEAUMONT, TEXAS

Dear Academics for Life, Special Needs and Life Skills Personnel:

You and your students are cordially invited to participate with in the **46th** YMBL Babe Zaharias Memorial Relays.

The YMBL Babe Zaharias Memorial Relays is a program of athletic competition, for ACADEMICS FOR LIFE, SPECIAL NEEDS AND LIFE SKILLS students from public schools, state and local agencies. This program provides all competitors the opportunity to participate in athletic competition against students of like abilities and enables students to demonstrate their skills while receiving recognition as representatives of their schools.

In an effort to meet the needs of individual students in physical education and sports competition, the primary purpose of this annual track and field meet is to contribute to the physical, social, and psychological development of the students. Through positive, successful experiences in sports, students can gain confidence and build self-images associated with success.

#### WHEN:

TUESDAY, NOVEMBER 5, 2024 <u>ELEMENTARY CAMPUSES</u> (6 YR OLD MIN. AGE)

9:30 A.M. - 1:30 P.M. INCLUDING ACADEMICS FOR LIFE, SPECIAL

**NEEDS AND LIFE SKILLS** 

AND

INTERMEDIATE / MIDDLE SCHOOL CAMPUSES INCLUDING ACADEMICS FOR LIFE. SPECIAL

NEEDS AND LIFE SKILLS

WEDNESDAY, NOVEMBER 6, 2024 HIGH SCHOOL CAMPUSES INCLUDING

9:30 A.M. - 1:30 P.M. ACADEMICS FOR LIFE, SPECIAL NEEDS AND

LIFE SKILLS

The <u>deadline</u> for entry into this year's Track and Field Event is: <u>October 15, 2024</u>.

Please take a moment and look over, complete and return the enclosed material. These are the forms that will be needed for students to participate.

#### The three forms:

- 1. Official School / Group Registration Form This needs to be completed by every teacher for each group they will be bringing to the Relays. Each school bringing students must complete an Official Registration Form.
- 2. Official Participant Entry Form Complete one of these forms for each student who will be participating. All students participating in the Relays must have completed this form.
- 3. Parent/Legal Guardian Permission Form Complete one of these forms for each student who will be participating. All students participating in the Relays must have completed this form.

It is the responsibility of the teachers to collect these completed forms. These forms must be turned in to the YMBL Office 7250 Wespark Circle, Beaumont, Texas 77705 by <u>OCTOBER 15, 2024</u>. A STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THE RELAYS IF THESE FORMS ARE NOT COMPLETED AND RETURNED TO THE YMBL.

We appreciate your help and look forward to seeing you in NOVEMBER.

#### **GENERAL INFORMATION**

#### **ELIGIBILITY**

\*Students must be 6 years of age or older in order to participate.

- Students who are presently enrolled for 50% or more of each school day in a self-contained class or in resource classes in public schools and approved non-public schools. Generally, participating students should be enrolled in a special education program and not eligible to participate in athletic programs due to physical or mental deficiencies.
- Resource students who are presently enrolled in a vocational educational program.
- Students who are currently enrolled in a Content Mastery program.
- Students who are presently attending a special school or institution for special education.
- Students who are physically handicapped, regardless of mental ability, are eligible:
  - a) Orthopedically handicapped
  - b) Visually handicapped
  - c) Hearing impaired

Any elementary school, which includes 6th grade (12-year-old students), will participate in the Division against other 6<sup>th</sup> grade students whenever possible.

#### WHEELCHAIR EVENTS

To be eligible for these events, a student must be confined to a wheelchair, be on crutches, or use a walker.

Students who have participated and who are eligible or capable to participate in UNIVERSITY SCHOLASTIC LEAGUE ATHLETICS are **NOT** eligible to participate in the Babe Zaharias Memorial Relays.

#### DRESS:

Gym shorts and <u>T-shirts with student's name and school on them</u> will be suitable dress. Tennis shoes, cross-country or other rubber-soled shoes <u>MUST</u> be worn when a student competes. All other participants must wear shoes at all times. No cleats or spiked shoes allowed! Also, no starting blocks will be allowed.

#### **EVENT DAY**

- EACH PARTICIPATING GROUP MUST PROVIDE ITS OWN TRANSPORTATION.
- Schools must send an adequate number of chaperones with each group, but not less than one (1) for each fifteen (15) students. AT LEAST ONE CHAPERONE WILL REMAIN IN THE STANDS AT ALL TIMES TO SUPERVISE STUDENTS WHO ARE NOT COMPETING IN A PARTICULAR EVENT. Lack of supervision and disobedience, fighting or behavior which in any way disrupts the smooth operation of these games will result in the immediate expulsion of the entire school attended by the student(s) involved in such disruption. Such expulsion may result in that school not invited to participate in future games. This policy will be enforced in order to assure the efficiency and success of the Relays.
- Schools will be allowed to bring small pop-up tents and large umbrellas for shade for the kids participating on the field.
- It is highly recommended that each group have a banner with their school name.
- A light <u>lunch</u> will be provided for all students, teachers, and officials that are listed on the Official School Registration Form.
- Each event located on the track and field will be marked. Teachers should take the students to the correct area when the event is called.
- All participants who are not scheduled to run at that particular time will be required to remain in the stands.
- All running events will be run in lanes. A whistle will start all races.
- Awards will be given as follows: Each participant will receive a participation award.
- Awards given immediately following each race in track and field events.
- Medical personnel will be on site each day to administer FIRST AID.
- If any conflicts or problems arise regarding either an event or a participant, they should be brought to the YMBL Event Chairman's attention immediately.

#### TRACK AND FIELD EVENTS:

25 Yard Dash, 50 Yard Dash, 100 Yard Dash, Standing Broad Jump, Softball Throw, Football Relay, Tug-O-War, Sack Relay, Shuttle Relay

#### WHEELCHAIR EVENTS:

25 Yard Race, Shuttle Relay, Softball Throw, Obstacle Course, Basketball Free Throw

If you have any questions regarding entry information or in the event of inclement weather on your scheduled day of participation, you may call the number below for information concerning cancellation of the Relays for that date:

The YMBL Office after 8:30 a.m. - 409-832-9991; fax 409-838-0402 or email info@ymbl.org

## YMBL BABE ZAHARIAS MEMORIAL RELAYS OFFICIAL <u>SCHOOL / GROUP</u> REGISTRATION FORM

#### Teachers:

If you have students who will be participating on different days, please submit an <u>OFFICIAL SCHOOL / GROUP REGISTRATION FORM</u> for each day's group.

Your total number of lunches should be for the number of participants, chaperones and spectators that will be participating on that particular day. If you are bringing groups on two separate days, please do not combine your group totals. This form provides us with the proper lunch count for each day's participants.

School District		
Mailing Address		
City		
Teacher Name		
School Telephone	Cell Telephone	
Email Address		_
Date of Participation	No. of Participants	
	No. of Wheelchair Participants	
	No. of Chaperones	
	TOTAL	
TOTAL NUMBER OF LUNCHES F Please list total number of lunc watching, aides and chaperones.		students participating, students

\*\*Total Number of Lunches for the Date of Participation shown above. Do not combine lunch count if you are bringing another group on a different day. Please submit a separate School/Group Registration Form for each group.

YMBL ● 7250 Wespark Circle ● Beaumont, Texas 77705 409-832-9991 ● Fax 409-838-0402 ● <u>info@ymbl.org</u> www.ymbl.org

## REQUIRED FORM MUST BE STAPLED TO PARENT PERMISSION FORM:

## YMBL Babe Zaharias Memorial Relays

## Official Participant Entry Form

### **INSTRUCTIONS**

<u>Please use a separate entry form for each student</u> . <u>All</u> information provided on this form is necessary to verify each student's eligibility. <u>Please type or print legibly.</u>
Students are randomly grouped with other students by age and ability when possible.
THIS SECTION MUST BE COMPLETE!
LEVEL: (Check One) □ Elementary □ Intermediate/Middle School □ High School
PLEASE <u>PRINT</u> ALL INFORMATION CLEARLY
I. Participant Name:  School Name:  Teacher Name:
Participant's Age:  Is the Parent Permission Form attached? (Check one) ☐ YES ☐ NO
SPECIAL CONSIDERATIONS NEEDED (Please explain, for example; are they in a wheelchair, have leg braces or a walker?):

## YMBL Babe Zaharias Memorial Relays REQUIRED FORM PARENT/LEGAL GUARDIAN PERMISSION FORM

In consideration of my (child's/ward's) participation in the YMBL Babe Zaharias Memorial Relays, I, on behalf (and as agent for others standing in loco parentis) of my (child/ward) make the following representations, covenants, and releases:

PARTICIPATION:	
I hereby give my permission for	to participate in the YMBL Babe less otherwise specified below. **
MEDICAL: I know of no physical or emotional reason why I (this child) she CONSENT TO TREATMENT: In the event that I (my child/ward) would for any reason required medication during the course of attendance at or participation authorize such physician or medical staff as the Meet Coornecessary treatment, or to take me (my child/ward) to the emauthorize the hospital and its medical staff to provide (child's/ward's) well being. It is understood, however, that if ho is required, I will be contacted, if at all possible, for permission	ire any minor medical or surgical treatment and/or n in the YMBL Babe Zaharias Memorial Relays, I ordinator appoints or designates to carry out the ergency room of the nearest hospital, and I further treatment deemed necessary by them for my ospitalization or treatment of a more serious nature
<b>MEDIA:</b> I hereby irrevocably grant permission to record my (child's/w social media, radio, or printed media to further aims of the campaigns, magazine articles, website and in other ways the all claims in its usage.	YMBL Babe Zaharias Memorial Relays in related
The physicians, organizers, officers, directors, or agents of discharged from any claim for damage or suit by reason of a during the course of the YMBL Babe Zaharias Memorial Re and/or to any event, and, in that regard, I hereby covenant the claim or bring a suit with respect: to any such injury or damage	an injury, illness, or damage to person or property lays, including transportation to or from the meet at on my own behalf (and for the child) not to file a
SIGNATURES: Each participant <u>SIX YEARS OF AGE</u> or older SHOUL unable to sign, approval should be indicated in some fast the space below.	
Signature of Student	School / Group Name
School District	 Date
The parent/legal guardian of participants and/or a legal space below.	ward MUST sign this form in the appropriate
I, the undersigned, am a parent/guardian of the above understand the provision of the above releases and have agree that I, and said participant will be bound thereby a from and disaffirmation thereof by said participant.	e explained them to said participant. I hereby
Signature of Parent/Legal Guardian	Date
**Restricted Events:	