

INTRAMURAL TRACK (focus on Sprints)
Union Students (Boys & Girls) in Grades 1-6
TRACK REGISTRATION - June 24 - July 8, 2026

COST IS ONLY \$50.00 per student

*** Late Registrations (received after July 8) will COST \$65.00 per student. ***

GENERAL INFORMATION

Intramural Track is conducted differently than other intramural sports. The focus of our program is on sprinting events, with an emphasis on developing proper sprinting techniques, improving speed and overall physical fitness, and building confidence through consistent effort. Participants will also gain a sense of camaraderie and discipline as they work together and challenge themselves in a supportive environment.

WEEKLY SESSIONS

Every Monday, Tuesday, and Thursday from 6pm-7pm starting July 13 through July 23, 2026
at the High School Track, 6636 S. Mingo Rd, Tulsa, OK 74133.

REGISTRATION/FINANCIAL QUESTIONS:

E-MAIL: unionintramurals@unionps.org

VOICEMAIL: 918-357-7404

TRACK QUESTIONS:

E-MAIL: dial.timmy@unionps.org

Tim Dial - Varsity Cross Country/Track Coach

THREE WAYS TO REGISTER

IN PERSON TAKE FORM &

CASH/CHECK/CREDIT CARD

ONLINE - CREDIT CARD

<https://ok-union.intouchrecepting.com>



use the camera on
your phone to
access the QR Code

U-Wear Store

1st Floor of UMAC - M-F 10am-5pm

Union Athletic Department

2nd Floor of UMAC - M-F 9am-4pm

BY MAIL - MAIL FORM & CHECK

Union Athletic Department

c/o Union Intramural Sports

6836 S. Mingo Rd.

Tulsa, OK 74133

CUT OFF TOP PORTION (ABOVE DOTTED LINE) OF THIS REGISTRATION FORM AND KEEP FOR YOUR REFERENCE

INTRAMURAL TRACK

PLEASE PRINT CLEARLY

Student's Name: _____

_____ male

_____ female

T-Shirt Size:

(check one)

____ YS

____ YM

____ YL

____ AS

____ AM

____ AL

____ AXL

Grade: _____

Parent/Guardian: _____

Primary Phone #: _____

Parent/Guardian Email: _____

Secondary Phone #: _____

I understand that my student is participating voluntarily and I will not hold Union Public Schools, employees, intramural volunteers, or Board of Education responsible for any injury received while participating in this activity. I realize that participating in sports can be dangerous and serious injuries may result. My student has my permission to participate and I give permission for my student to receive medical care in the event I am unavailable for consent.

Signature of Parent/Guardian (invalid without signature)

Date