

## ***SCHUYLKILL HAVEN TRACK AND FIELD CAMP***

*Schuylkill Haven Recreation Department and the Schuylkill Haven Track and Field Coaches, athletes, and Track Boosters have teamed up to bring Schuylkill Haven School District Residents our **3<sup>rd</sup> annual Track and Field Camp!***

The camp will feature training in Track and Field Fundamentals. Running, jumping and throwing skill development will be emphasized. There will be technique and event specific skill drill sessions.

**Dates/Time: June 4, 5, & 6 from 6pm to 8pm** at Rotary Field for **residents** completed Kindergarten through 8<sup>th</sup> grade **with Friday, June 8<sup>th</sup> (as rain date) 6-8 pm.**

There will be a concession stand hosted by Track Boosters every evening parents & campers can purchase food and drinks.

**\$25.00 per child includes a shirt and camp**

**PLEASE WEAR SNEAKERS PLUS BRING WATER AND SUNSCREEN!**

Please fill out the other side of the sheet and submit to the Recreation Office or

Register online at: <http://www.havenrec.com/track>



**RECREATION**

**AGREEMENT TO PARTICIPATE**

My child \_\_\_\_\_ has my permission to participate in the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department's program. I am aware that participating in any physical activity can be dangerous involving MANY RISKS OF INJURY. Because of the dangers of participating in the above activity, I recognize the importance of following the instructors and coaches instructions regarding techniques, training and other rules, etc. and do agree to obey such instructions. I also acknowledge that I am aware that the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department carries no medical insurance on participants and that any injury incurred must be covered by my personal medical insurance policy.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in sporting activities, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

**HOLD HARMLESS/RELEASE**

In participating in any physical activity, I recognize that certain risks and dangers exist. These include loss or damage to personal property, injury or fatality due to accident, illness or collision with a vehicle while traveling to and from the activity site. I understand that the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department shall assume no responsibility or liability for accidents, illness or loss or damage of personal property, and I acknowledge and do hereby assume all risks in connection with this activity, and I hereby hold the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department or agents harmless from any and all liability, action, claims and damage of every kind and nature whatsoever even if arising from the negligence of the Borough's Manager, employees, agents and/or designees, other participants, or otherwise.

My signature on this document indicates that I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and signed it freely and voluntarily without any inducement; acknowledges that I have legal responsibility for and authority to sign it on behalf of my child, and it is intended to bind my heirs, representatives, executors, administrators, successors, or assigns.

**PHOTOGRAPHY RELEASE:** I give my permission to the Schuylkill Haven Recreation Department to photograph my child during this sports season. I consent for these photographs to be posted on the Schuylkill Haven Recreation Department's Facebook, Twitter and website. Please check appropriate box:

- My child can be photographed
- I would not like my child to be photographed

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Current Age: \_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Does your child have any medical problems/allergies that we should be aware of? Yes or No

If yes, please explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

**T-Shirt Size (circle one)**

Child Sm (6-8)

Child Med (10-12)

Child Lg (14-16)

Child XL (18-20)

Adult Sm

Adult Med

Adult Lg