



# Summer Track & Field Clinic



**JULY 11-15 2016**

FOR BOYS & GIRLS entering grades 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>

**Sprinting/Running, High Jump, Long Jump, Triple Jump, Shot Put, Discus, and Javelin; Last day track meet**

TIME: 6:00pm - 8:00pm daily

PLACE: Coginchaug Track Facility

FEE: \$50.00 (Fee includes Facility fee, Color T-Shirt, snacks & drinks, instruction, fun)

Sponsored By: Durham Recreation

Director: Mike Ford, Coginchaug Track Coach mford@rsd13.org

Mail Registration To: Durham Recreation, P.O. Box 428, Durham, CT 06422  
Durham Recreation Office 860-343-6724

STUDENT NAME \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

\_\_\_\_\_ Entering Grade \_\_\_ M \_\_\_ F \_\_\_

\_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

E-Mail \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE# \_\_\_\_\_

Please list any medical problems concerning your Student, including allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the above Student to participate in the Durham Recreation Track Clinic. Sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_