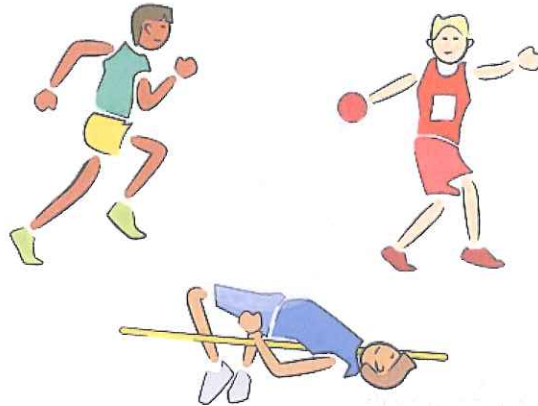


# 2ND ANNUAL OLIVER AMES TRACK AND FIELD CLINIC



April 21 and 22, 2015  
Oliver Ames High School  
8:30 am -12:30 pm

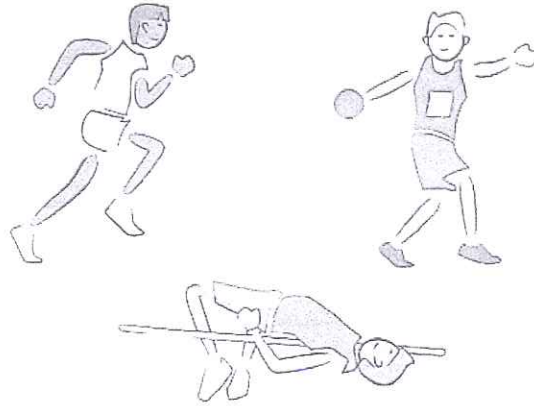
The 2<sup>ND</sup> Annual Track and Field Clinic will be held at the OA track and field complex (Muscato Stadium) on Tuesday, April 21 and Wednesday, April 22 from 8:30 am -12:30 pm. This clinic is open to all Easton boys and girls in grades 5 – 8. The purpose of the clinic is to introduce the youth of Easton to the sport of track and field. The high school track and field staff and the varsity athletes will conduct the clinic. Participants will receive instruction in the following events: discus, shot put, high jump, long jump, hurdles, sprints, distance, and relay.

The cost of the clinic is \$50 and proceeds will benefit the OA Track and Field program. Checks should be made payable to OA Track and Field Boosters. Please complete the attached **double sided** Registration/Permission Slip and Waiver/Release Form and mail to Joyce Benvie 201 Sheridan Street, North Easton, MA 02356

If you have any questions please feel free to e-mail Joyce Benvie at [decosta201@yahoo.com](mailto:decosta201@yahoo.com) or call (774) 273-0360.

Each participant will receive a T-shirt. Please bring water and a small snack each day.

Registration/Waiver forms are also available online at [oliveramestrackandfield.org](http://oliveramestrackandfield.org)



## Permission Slip & Waiver

Name: \_\_\_\_\_  
Grade Level: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
T-Shirt Size: **Adult's** S M L XL  
Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

I give my permission for my child \_\_\_\_\_, to participate in the Oliver Ames Track and Field Clinic. I acknowledge that this clinic is voluntary and that my child, with my consent, is choosing to participate. I verify that my child has medical insurance and that my child is medically and physically fit to participate in this clinic. Furthermore, I, the undersigned parent/guardian of the minor listed above, forever RELEASE, acquit, discharge, and convenient to hold harmless the town of Easton and Easton Public Schools, its officers and agents and OA Track & Field Boosters, from any and all actions, cause of action and claims on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also all acquire, either before or after damages which said minor has or hereafter may acquire either before or after my child has reached the age of the majority as result of participating in the activity.

I also give my permission for my child named above, to receive medical attention including but not limited to, treatment by a licensed trainer, and be transported in emergency vehicles should any incident occur requiring such attention.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy #

EASTON PUBLIC SCHOOLS

VOLUNTARY SCHOOL RELEASE FORM  
(for students under 18)

I, \_\_\_\_\_ the undersigned parent/guardian of  
\_\_\_\_\_, a minor, do hereby consent to my

child's participation in the \_\_\_\_\_  
(Please type name and date of program /activity)  
offered by the Town of Easton or Easton Public Schools.

I also agree to forever release the Town of Easton or Easton Public Schools, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs/activities of the Town of Easton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Easton or Easton Public Schools' voluntary athletic or recreation programs/activities.

I also promise, to indemnify, defend, and hold harmless the Town of Easton against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Easton or Easton Public Schools' voluntary athletic or recreation programs/activities.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Easton or Easton Public Schools' athletic or recreation programs/activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Easton or Easton Public Schools' athletic or recreation programs/activities.

Signed: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_

Date: \_\_\_\_\_