

# Princeton Recreation Department

## Summer 2023 Track Specialty Clinics

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Date of Birth: _____
City, State, Zip: _____	Age: _____
Primary Phone #: _____	Gender: _____
Primary Email: _____	Grade: _____
Date of Birth: _____	School: _____
	T-Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL

**Eligibility for Specialty Clinics:** Open to rising 8<sup>th</sup>- 12<sup>th</sup> graders (graduated seniors included!), Residents and Non-Residents.

**Location/Hours:** Princeton High School Track, from 12:00-2:00pm

**Fees**

**High School Clinics**

**Resident:** \$55 **Non-Residents:** \$80

Sprint Clinic 7/10 & 7/11

Hurdles Clinic 7/13 & 7/14       Long Jump Clinic 8/10 & 8/11

*Make checks payable to:*  
Princeton Recreation Department

**MANDATORY MEDICAL FORM & WAIVER →**

**Payment Method:**

Check # (Make checks payable to Princeton Recreation Department): \_\_\_\_\_

Cash Receipt #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Mastercard, Visa, or Discover (circle one)

Expiration Date: \_\_\_\_\_ Zip Code \_\_\_\_\_

# Princeton Recreation Department – Summer 2023 Track High School Programs

## Emergency Medical Form (TO BE COMPLETED BY PARENT/GUARDIAN)

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
<b>Last Name:</b> _____  <b>First Name:</b> _____  <b>Contact #:</b> _____  <b>Last Name:</b> _____  <b>First Name:</b> _____  <b>Contact #:</b> _____  Permission to walk/bike home from clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Initials: _____  Additional adults who have permission to pick up your child and transport them home:  _____  _____	<b>List all food &amp; other allergies:</b>  _____  _____  _____  Restricted activities, if any: _____  Current medications: _____  Recent illness or surgery: _____  Note any physical or mental conditions to be aware of in case of emergency: _____  Please provide any other important Emergency Medical Information :  _____  _____

**AGREEMENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, AND WAIVER OF ALL CLAIMS PLEASE READ CAREFULLY**

I recognize that there are certain risks of physical injury inherent in \_\_\_\_\_ (minor’s name) participation in this program, and in order to minimize these risks he/she agrees to obey all the rules and regulations, follow all safety procedures, and to obey any and all instructors, assistant instructors, and staff members assigned to this program.

I certify that he/she is in proper physical condition for safe participation in this program and agree that it is incumbent upon me or him/her to immediately inform a program instructor, assistant instructor, or staff member should his/her condition change at anytime during his/her participation in this program.

Because the Princeton Board of Parks & Recreation Commissioners – Recreation Department is a public entity, I recognize that my ability to recover damages from the Princeton Board of Parks & Recreation Commissioners – Recreation Department and its officers, agents, servants, and employees as a result of injury, death, or other loss that may be suffered due to my child’s participation in this program may be limited by provisions of the Tort Claims Act (N.J.S.A. 59:1-1, et seq.).

By signing below, I acknowledge that I understand my and/or my children’s responsibilities as outlined above and in addition, I understand that The Princeton Board of Parks & Recreation Commissioners maintains a no-refund policy, however, the Board reserves the right to make exceptions, only if the person has not participated in the program.

Parent or Legal Guardian (**please circle one**)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_