

# VOORHEES YOUTH TRACK & FIELD CAMP

For Boys and Girls Grades 2<sup>nd</sup>-Incoming 9<sup>th</sup> Graders



July 25<sup>th</sup>-July 28<sup>th</sup> 8:30 AM-12:15 -\$120

Aug 1<sup>st</sup>-4<sup>th</sup> 8:30 AM-12:15 -\$120

**@ The Voorhees High School Track**

\*Learn the Fundamentals of Track & Field

\*Instruction on Proper Running Form

\*Learn Hurdles, High Jump, Long Jump, Triple Jump, Shot, Javelin, Relays

\*Races and Prizes

\*\$120 sign up fee includes T-shirt

Questions, please call Justina Cassavell 908-638-6799 or e-mail

justina\_001@yahoo.com

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Please mail check, payable to Voorhees High School, and completed form to:

Voorhees High School Track

Attention: Justina Cassavell

256 County Route 513

Glen Gardner, New Jersey 08826

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Parents: \_\_\_\_\_

Phone: home \_\_\_\_\_ Phone: work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

## Parental Waiver

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the sport : Voorhees Youth Track club. I understand that there are certain risks of inherent injury in the practice and play of this sport and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child full participation, I do hereby waive, release and hold harmless the Voorhees/ North Hunterdon Board of Education, their trustees, officers, employees, coaches, sponsors, supervisors, and representatives from any and all claims arising out of such injury that may be suffered by my child or by myself as a participant or spectator in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. I give my son/daughter permission to participate in all club activities.

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

Physical Limitations: \_\_\_\_\_ Family Physician: \_\_\_\_\_

T-shirt size: AS, AM, AL, YM, YL Physician Phone: \_\_\_\_\_