



Special Needs Sports Club of SV Track & Field Program

Our goal is to promote a healthy lifestyle that includes a variety of sports activities for children with all abilities. We will encourage your child to participate in a group setting with positive re-direction. We will facilitate social interactions with other children while building self-confidence. This specific program will be led by a Volunteer Advisor who is also current SV Track Coach and SV Special Education Teacher. It is a community-based program designed for young athletes that have a passion to run.

Event Dates/Times:*

Saturday, April 29, 2017 from 1:00-2:00pm

Saturday, May 6, 2017 from 1:00-2:00pm

Saturday, May 13, 2017 from 1:00-2:00pm

Saturday, May 20, 2017 from 1:00-2:00pm

Saturday, May 27, 2017 from 1:00-2:00pm

Saturday, June 3, 2017 from 1:00-2:00pm

*in the event of inclement weather, practice may be canceled. Check our Facebook page for updates!

Track & Field Events Registration Form

Child's Name: _____ DOB: _____

Address: _____

Phone #: _____ Grade (if applicable): _____

Disclaimer of responsibility, hold harmless agreement, parental permission and medical authorization:

We (I), the parent(s) or legal guardian(s) of (child's name as above) hereby give permission for our child to participate in the sports/activity named above on the dates disclosed and acknowledge and agree that the Saucon Valley School District has no responsibility or liability for the above sports/activities. Recognizing that injury may occur in any sport/activity, and that the above sport/activity, like other high-risk sports/activities, we (I) hereby assume the risk in full for the above sports/activity and for our (my) child and for our ourselves as participants or spectators and with full knowledge of the risks inherent in such sports/activities, agree to hold harmless the Saucon Valley School District and its employees and volunteers involved in any level of organizing in the arrangements for the sport/activity from any and all claims or liabilities, whether direct or indirect from any and all bodily injury and/or property damage arising from our (my) child's participation and agree to assume the full risk and responsibility for such injury and illness.

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____ ID#: _____ Group#: _____

Physician's Name: _____ Physician's Ph. #: _____