

Farmington Track & Field Little Knights Clinic

When: June 13-16

Where: Farmington Track

Time: 5:00-7:00pm

Thursday, June 16th - Track Meet

Who: Incoming Kindergarten - 6th Grade

Why: Introduce Track & Field events to our young athletes!

Cost:

Early Bird Sign Up: \$30
Includes Track & Field Luggage Tag

Same Day Sign Up: \$35

Optional Add-On:
Track Shirt - \$15

Mail to: Farmington Senior High School
Attn: Jordan Stone /Mandy Whitener
1 Black Knight Drive

*Make checks payable to Farmington Track

Farmington Track and Field Clinic

Child's Name: _____ 23-23 Grade: _____

Track Meet: \$30 - Luggage Tag Included

Optional Tshirt Size \$15: 4S 4M 4L AS AM AL

Total: _____

**Sign Up Now
\$30**

REGISTER AND SAVE

Farmington Track & Field Little Knights Clinic

Farmington High School Track

Location

June 13th-16th

Dates

Waiver of Liability and Release

I, _____, the parent or legal guardian of
(print parent name),

_____,
(print child's name),

In consideration of my child being allowed to use Farmington R7 School District sponsored activities, I assume any and all risks, including risk of injury or death, associated with my child's participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against Farmington R7 School District and its officials, employees and agents for any injuries suffered by me or my child in connection with participation in Farmington R7 School District sponsored activities and transportation. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring legal action or to assert a claim against Farmington R7 School District.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment of Minor Children

I, _____
(print parent name),

the parent or legal guardian, hereby give my permission that my child,

(print child's name),

may be given emergency treatment to include first aid and /or CPR by a qualified representative of Farmington R7 School District. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature: _____ Date: _____