

EASTAMPTON RECREATION DEPARTMENT

YOUTH FUNCTIONAL FITNESS PROGRAM

2014 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATES: DECEMBER 16 – 27, 2013
LOCATION: THE MANOR HOUSE, 12 MANOR HOUSE COURT
TIME: 8:30 – 4:30 IN PERSON, AFTER HOURS PLEASE DROP REGISTRATION FORM & CHECK IN TAX COLLECTION BOX.
REGISTRATION FEE: \$50 PER CHILD - no refunds given
PROGRAM INFORMATION: For boys and girls in grades 3rd through 8th. Classes will run for 10 Wednesdays in the Cafetorium of the Eastampton Community School on the following dates & times:
 January 8th, 15th, 29th, February 5th, 12th, 19th, 26th, March 12th, 19th, 26th
 3rd – 5th grade will be 6:30 - 7:30pm, 6th – 8th grade will be 7:30 - 8:30pm
PROGRAM DESCRIPTION: Functional fitness is a foundation for all sports and requires different muscles groups to work together rather than in isolation. Some of the important benefits of functional training include helping to improve balance, speed, flexibility, muscle & joint strength, and helps prevent injury. Under the supervision of our certified instructor, participants will be put through an age appropriate workout.

PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME _____

ADDRESS _____ **TOWN** _____ **ZIP** _____

CONTACT PHONE _____ **FAMILY EMAIL** _____

AGE AS OF 1/1/14 _____ **BIRTH DATE** ____/____/____ **GRADE** _____

MOM'S NAME _____ **CELL PHONE** _____

DAD'S NAME _____ **CELL PHONE** _____

EMERGENCY CONTACT AND PHONE _____

ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS? BE SPECIFIC _____

(NAME) _____ has my permission to participate in all activities of the above-mentioned program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless Eastampton Township, Eastampton Recreation, supervisors, employees, and all program volunteers from all liability relating to personal injury or property damage that I/my child may sustain by my/our participation in, use of equipment, or facilities therein. I also understand that Eastampton Township does not provide accident insurance for any participants.

Parent/Guardian Signature _____ Date _____

ANY QUESTIONS, CONTACT EASTAMPTON RECREATION AT (609)267-5723 EXT 213 or EMAIL recreation@eastampton.com

DO NOT WRITE IN THIS BOX – FOR OFFICE USE ONLY

AMOUNT PAID _____ CASH _____ CHECK NUMBER _____

RECEIVED BY _____