

# Parsippany Recreation Department

# Track

**Who:** Parsippany Residents born between 1997 and 2003  
Sorry no high school students permitted.

**Practice:** **Sprinters-** Tuesdays, Wednesdays, and Thursdays  
Parsippany HS from 5:50 pm – 7:00 pm.  
**Long Distance Runners-**Tuesdays, Wednesdays, and Thursdays  
Parsippany Hills HS from 6:00 pm – 6:45 pm

**PRACTICE BEGINS TUESDAY, MARCH 6, 2012 (WEATHER PERMITING)**

**Fee:** \$10 payable to the Parsippany Recreation Department

**Meets:** Sunday afternoons from Mid- April until Mid-June  
(Some Saturdays possible because of Holidays)

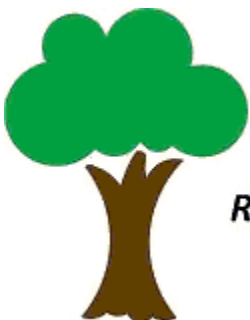
**NOTE:** Runners must participate in weekly practices to be eligible to compete in the meets.

## **Coaches and Parents:**

**The coaches are volunteers and help is needed for home meets.**

The parents association will collect an additional fee for items that the Township does not provide and are not included in the registration fee

**Registration:** Parsippany Recreation Dept: via US mail, in-person or online at [www.parsippany.net](http://www.parsippany.net)  
PLEASE NOTE: If registering online, the form on the back of this flyer is still required to be filled out and returned to the Recreation Dept.



**Pride in  
Parsippany**  
*Recreation Department*  
973.263.7257  
[www.parsippany.net](http://www.parsippany.net)  
[recreation@parsippany.net](mailto:recreation@parsippany.net)

**Registration Form on Back**



# 2012 Track

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please print child's name

Age Group: Bantam (Born 2002-2003) \_\_\_\_\_ Midget ( 2000-2001) \_\_\_\_\_ Youth(1997-1999) \_\_\_\_\_

I can assist as a Coach: **Y or N** I can assist at meets: **Y or N**

Mailing Address \_\_\_\_\_

Number

Street (Apt# if any)

Town

Zip Code

Email Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_ Relationship: \_\_\_\_\_

## Authorized People to pick up your child in the event of illness, accident or early dismissal:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Medical Insurance: Name of Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

List allergies (if any) \_\_\_\_\_

List medications (if any) \_\_\_\_\_

Medical Conditions we should be aware of (if any): \_\_\_\_\_

Parent's permission to administer anesthetic and / or emergency treatment as may be required? Yes \_\_\_ No \_\_\_

By enrolling and signing this application, I give my permission to attend any field trip or activity and authorize any medical treatment in my absence for the well being of the child, in case of an emergency. Please list any special medical or physical needs, medical conditions, or allergies the personnel should be aware of. I understand if my child requires an inhaler/epi-pen that the child is responsible for taking it with him/her on any field trip or activity.

### Any accident or injury must be reported to the Recreation Office the following work day.

The applicant, parents, guardians or family members, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Township of Parsippany-Troy Hills and all of its agents, directors, officers, employees and volunteers and the physician or hospital treating my child, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with their child's participation in the program and various activities, arising from accidents to any persons or property caused by or to the child or other participants or any other person(s) to which this application applies.

Parent will be responsible for the conduct of their child while participating in the program and enforce all rules and regulations as required by the Township's Recreation program. Parent agrees and acknowledges that any violations to the rules and regulations will not be tolerated and child may be subject to expulsion from this program and any other Township sponsored program.

Parent/Guardian \_\_\_\_\_

please print name

Parent/Guardian X \_\_\_\_\_

please SIGN here