

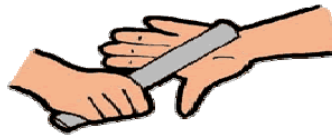


# Summer Track & Field

The Lisbon Recreation Department is looking for athletes ages 6-14 who like to run, jump, & throw to join the summer track & field team. Lisbon's athletes will practice twice per week & compete against athletes in their own age group from other towns once per week from the end of June through mid-August.

|           |           |             |               |
|-----------|-----------|-------------|---------------|
| Sprints   | long jump | shot put    | hurdles       |
| Distance  | racewalk  | triple jump |               |
| high jump | relays    | discus      | turbo javelin |

Registration begins April 1<sup>st</sup> for this program and ends on May 1st. Price is \$60 (includes all practices, meet entry fees, ribbons for all meet participants, team shirt, & transportation to & from meets except the State Meet). A minimum of 30 athletes is required in order to conduct this program!!



Please complete, detach, & return the registration form below, along with the \$60 fee made payable to the Town of Lisbon, to the Recreation Department located at the MTM Building (mailing address: 300 Lisbon St. Lisbon, ME 04250 ATTN: Rec. Dept.).

Athlete's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Parent's Names & Contact #: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

I hereby release, absolve, indemnify, and hold harmless the Lisbon Recreation Department, its staff and supervisors, any and all of them in case of injury to the above mentioned participant. I hereby waive all claims against the aforementioned parties. I realize that the parent/guardian is responsible for providing insurance covering the injury for the above mentioned participant. In case of the need for emergency medical treatment, I hereby give permission for such treatment to be given.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_