

West Hartford Leisure Services Presents



WOLCOTT RUNNING CLUB Grades 1 - 5 SPRING 2017



We are excited to announce our new partnership with West Hartford Leisure Services. This partnership will allow our after school running club to be more sustainable for the future! Both the spring and fall seasons of 2016 were hugely successful, attracting well over 100 enthusiastic runners who committed to the twice weekly, 7 week season. We had 60% of our runners compete in the culminating races at the end of both seasons!

Our culminating goal is the Celebrate! West Hartford 5K or kids ½ mile run on Sunday, June 11th.

We guarantee 11 of the 13 practices, if we miss more than three due to inclement weather, we will announce make-up days.

Practices will be cancelled due to inclement weather.

All cancellations will be sent via email by noon that day.

No busing after this program. Parent/guardian will be responsible for pick-up.

GOALS OF THE PROGRAM

- ▶ Foster high self-esteem, self-confidence, and self-discipline.
- ▶ Promote goal setting and goal achievement.
- ▶ Inspire positive attitudes and respect for others.
- ▶ Develop positive values and life skills that will enhance students' preparation for an active and healthy life.
- ▶ Enter a ½ mile or 5K race at Celebrate! West Hartford on Sunday, June 11.



YOU CAN CHOOSE TO ATTEND ONE OR BOTH DAYS

✓ **PROGRAM #:** 414325A Mondays & Thursdays

✓ **PROGRAM #:** 414325B Mondays only

✓ **PROGRAM #:** 414325C Thursdays only

Grades 1 – 5 only **Age range:** 6 – 11

Date: April 24 – June 8, 2017 (No class: Monday, 5/29)

Time: 3:20 – 4:15 p.m.

Fee: \$25 Mondays & Thursdays /\$14 Monday or Thursday (One day only)

Location: Wolcott School

Instructors: Mrs. Glasier, Physical Education Teacher and Mrs. Mori

Check the box if you are requesting Financial Assistance and please bring this form to the Wolcott School office.

Deadline: Interested parties must register with Leisure Services no later than April 7th.

Register On-Line at www.WestHartfordCT.gov/leisureservices
Choose on-line registration, use your user ID and Password
Go to Shop in Title Bar, choose Activity Enrollment and enter the Program #
Or See Registration Form on Back
or register in person, mail or FAX to West Hartford Leisure Services,
50 South Main Street, West Hartford, CT 06107. FAX number 860-561-7519

WEST HARTFORD LEISURE SERVICES REGISTRATION FORM

Please complete a separate form for each participant (10% processing fee deducted from all refunds)

PARTICIPANT'S LAST NAME	First Name _____
Birth Date _____ Age _____ Male ___ Female ___ Entering Grade _____ <i>(if applicable)</i>	
SPECIAL CONCERNS: List any special needs, health or behavioral issues, or concerns of participant: _____ _____	

PROGRAM #	TITLE	DATES	TIME	FEE
				\$

PAYMENT TYPE: Cash _____ *(in person only)* Check # _____ *(payable to "Town of West Hartford")*

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___ VISA ___ Master Card

Expiration Date: _____
Month Year

Household Information (Please print):

Your Name or Parent/Guardian Last Name _____ First Name _____

Street _____ Town _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email
Required

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Emergency Contact for Participant _____	Relationship _____
Home Phone # _____	Work Phone # _____
	Cell Phone # _____
I realize that as with any physical activity there is a possible risk of accidental injury to me/my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which I/my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which I/my child may suffer while participating in this West Hartford Leisure Services Program.	
<i>Signature</i> _____	<i>Date</i> _____

SAFETY AND EMERGENCY CONTACT INFORMATION

This section MUST BE COMPLETED if you are registering a **CHILD for a program that runs **3 HOURS OR MORE A DAY**.**

Has participant been prescribed an Epi-pen? Yes ___ **(if yes, an Epi-pen form will be sent to you)** No ___

Please list and describe your child's known allergies, known illnesses, physical limitations, special needs, etc.: _____

List Medications _____

Family Doctor's Name _____ **Doctor's Phone Number** _____

Please read below & if you understand & agree to each statement write your initials in the space next to the paragraph to signify your understanding and agreement.

_____ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: **Hospital Name** _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by ambulance, I give my permission for such transportation & agree to assume all expenses incurred by transportation. I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ **FIELD TRIPS:** I hereby give my permission for my child to go on the field trips scheduled for his/her particular camp program. The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will make other arrangements for my child on that day.

Customer Service Town Hall	50 South Main Street, West Hartford 06107	860-561-7510	fax 860-561-7519
Elmwood Community Center	1106 New Britain Avenue, West Hartford 06110	860-561-8160	fax 860-561-8161
Veterans Skating Rink	56 Buena Vista Road, West Hartford 06107	860-561-8290	fax 860-561-8291
Westmoor Park	119 Flagg Road, West Hartford 06117	860-561-8260	fax 860-236-3815