IT IN WITH YOUR CHILD: Date: Name: Address: Email: Phone: Parents Name: Grade: Age: Sex: People who can pick your child up: Notes/Allergies:

YOU CAN ALSO FILL THIS OUT AND SEND

WHAT THE SCHOOL WILL NEED:)

WHAT THE SCHOOL WILL NEED:)
EMERGENCY MEDICAL INFORMATION FORM INSURANCE COMPANY:POLICY #:
Name and phone number of persons to be
contacted in case of an emergency (other than parents)PHONE:
Please sign the statement below if you wish for
your child to participate in the school's program. I approve of my child's participation in the
Freeman School District No. 358 athletic program, and I will assume all financial responsibilities not
covered by my child's school or private insurance for injuries received while training for
or playing in athletic games. I also give my permission for emergency treatment of an
injury by any physician designated by a school official.
PARENT OR GUARDIAN SIGNATURE:
DATE:
ACCIDENT PLAN COVERAGE
I UNDERSTAND THAT MY SON/DAUGHTER
CANNOT PARTICIPATE IN AFTER SCHOOL
ATHLETICS UNLES HE/SHE IS COVERED
BY THE SCHOOL ACCIDENT COVERAGE
PLAN OR OUR FAMILY PLAN WHICH
CLOSELY MEETS THE FOLLOWING
COVERAGE PROVISIONS:
1. Minimum death benefit of \$2,500 2. Medical
coverage of costs of medical payment for any one
injury of \$25,000 3. Coverage equivalent to the
Washington State Industrial Insurance Fee
Schedule for Doctor's services of hospitalization
with a 30-day minimum for the latter 4. Minimum
X-rays of up to \$200 5. Dental coverage of up to
\$200 per tooth
My son/daughter is covered by private insurance ,
and I will continue to keep it in force throughout
the aports seeson DADENT/GUADDIAN:
the sports season. PARENT/GUARDIAN:
DATE:
I have purchased school insurance coverage.
PARENT/GUARDIAN:
DATE:

FREEMAN

TRACK & FIELD CLINIC



>> 3DAY CLINIC ★★

Ages: K-6th Grade

Date: May 28-30, 2013

Time: After School til 5:00

Cost: \$20

Includes Freeman Sports Water bottle

snacks, & training.

To Ensure your child gets his or her Freeman Sport Water Bottle at the clinic, please register by May 25th, 2013. If you register late, Water bottles will be mailed.

http://xc.wufoo.com/forms/3-dayrunning-clinic/

You will also need to fill out an insurance form for the school. It is attached to this brochure, or you can print out a copy on the online registration form. You can print it out and send it with your child the first day.

Please make checks payable to Freeman High School, with XC in the memo

Questions:

Email: cbknot@me.com (Robyn Doloughan, Head Freeman XC Coach, Assistant Track Coach)

Call: 509-220-2964 (Cell)

*Clinic put on by Samm Strothman (XC - Captain)

What Will You Learn?

Tuesday, May 28

Day 1: Intro to Running/Track/Field

3:00 Registration, Introduction to coaches

3:20 Divide into groups
Talk with kids about running, track, meet their group leader

3:30 Dynamic Stretching

3:45 Break into groups Start event rotations

4:45 Static Stretching

5:00 Snack

Wednesday, May 29

Day 2: Track/Field Day

3:00 Get together with groups

3:10 Ask about soreness, etc. How their day was, etc.

3:15 Dynamic stretching

3:30 Track events - Rotate through events with group

4:30 Stretching

4:45 Meet with Coach to decide events for Thursday.

5:00 Snack

**Events: Sprints, Hurdles (5th, 6th intro), High Jump (6th intro), Middle distance, Relays, Long Jump, Shot put, Discus, Turbo Javs. & More.



Thursday, May 30

Day 3 - TRACK MEET

3:00 Dynamic stretching as Team

3:15-3:30 Track meet starts

3:30-5:00 Track meet

5:00 Snack

*This may go longer than 5:00, however if you child catches the activity bus, we will make sure they are on it.

*At the meet everyone is a winner. Because of the age group differences, we will try to run same age kids together. We will discuss the importance of improving yourself, and your own time or throw.