

Trottier Cross Country

September to October

-	Register: 1. 2.	onday, August 15, 2016 Online at http://southb Mail in form to Recreati Walk in form to Recreati	on Office, 21 Highlar	•
Program:	Cross Coun	try		
Location:	Trottier Mid	dle School		
Days:	Mondays, Wednesdays, and Fridays			
Dates:	September 12 to October 28, 2016 (7 weeks) No make ups			
Time:	2:20 to 3:50 pm			
Fee:	\$170			
Optional Pu	rchase: \$10	for Team T&F Singlet	t, if not already ov	wn one
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the following a	areas: social,		, positive attitude, go	ne program is the development of children in bal setting, team work, leg strength, speed 2 away meets.
Participant N	Jame:		Due #	Ext Day after DAD class, V. or N
	<u> </u>		Bus #:	EXED AY AILER RAP CLASS. Y OF N
DOB:		Grade:	Bus #: Teacher:	Ext Day after RAP class: Y or N
DOB: Address:		Grade:	Bus #: Teacher: Email:	
DOB: Address: Home #:		Grade: Work #:	Bus #: Teacher: Email:	Cell #:
DOB: Address: Home #: Allergies/me	edical/specia	Grade: Work #: al concerns:	Teacher: Email:	Cell #:
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STUDENT AND PARENT COMMITMENT

My child has my permission to participate in the RAP class selected above. I understand that it is my responsibility to arrange for my child's safe and on time transportation home at the end of class. In the event that the program takes place off school property, I give my child permission to travel to and from the off-site activity in a recreation sponsored vehicle or private vehicle. I further agree to hold the Recreation Commission and the Town of Southborough together with its agents and employees jointly and severally harmless for any injury or accidents sustained during the transport. I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I have read the student behavior policy from the website, regarding participation in any RAP program and have reviewed it with my child. In the event of an emergency, I give authorization for emergency transportation and medical treatment. I understand that I will be notified prior to transport if possible.

Signature Parent/Guardian _