



Spring 2022

Track and Field

Program Information Sheet

The Wayne County YMCA will once again be offering its Track and Field program to Boys and Girls from K - 4th grades.

- **GRADES:** K-4th Grade
- **PROGRAM TIME:** Thursdays 5:30-6:30 PM
- **LOCATION:** All practices will be held Honesdale High School Track.
- **SESSION:** April 28th-June 2nd
- **Events:** Sprints, Distance Run, Hurdles, Long Jump, Softball Throw, Shot Put, Javelin and Discus.
- **Dress Code:** Children should dress comfortably, and in layers with clothing suitable for athletics.
- **Track Rules:** The Long-Jump pit is not a sandbox. We will be using this area as part of our program, but participants are not to use the jumping pit except under the supervision of the coaches. This also applies to any of the school's other track and field equipment.
- **CANCELLATION POLICY:** If there is severe weather in the area, or the possibility of severe weather, the Y may decide to cancel classes. We will attempt to call participants for cancellations, however, call 570-253-2083 if you are uncertain. If Wayne Highlands School District closes for the day or dismisses early, the program will be cancelled. Credit slips will be issued for classes missed for these purposes only.
- **PROGRAM COST:** Y Member: \$20.00 Non Y Member: \$30.00
 - SIBLING DISCOUNT: \$5.00
 - FREE: To those with a family membership
 - FINANCIAL ASSISTANCE: Available through an application process.
- **SOCIAL MEDIA:** Visit us on our website at www.wcymca.com, like us on Facebook, and join the Wayne County YMCA Youth Programs Remind group for news & updates:

Send message to: 81010

Message is: @77h298



WAYNE COUNTY YMCA

105 Park Street
Honesdale, PA 18431
(570) 253-2083
www.wcymca.com

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Wayne County YMCA

YMCA TRACK & FIELD REGISTRATION FORM SPRING 2022

Child's Name: _____ Grade: _____

DOB _____/_____/_____ Gender: _____ Member Non-Member Family Membership

Address: _____

Special Health needs: _____

Parent/Guardian's Information:

Name: _____

Preferred Phone #: _____

Alternate Phone #: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone #: _____

Is another sibling participating? _____ Name & Grade of Sibling: _____

Program Times: Thursday Nights 5:30-6:30 PM

Program Cost: Y Members: \$20.00 Non Y Members: \$30.00 -Free to youth participants on a family membership

Agreement

1. I certify that the participant named above is in normal health and capable of safe participation in this YMCA Program. The participant and/or parent agree to assume the risk of death or personal injury in this program and in whatever location or time it is held. The participant also acknowledges the extreme risk and danger inherent in the activity which includes; but not limited to, the following: Injuries resulting from running, jumping, throwing, tripping, passing, stretching, and all other activities and forms of motion associated with this program.
2. I assume all risk(s) and hazard(s) incidental to the conduct of this program and release, discharge and covenant not to sue the YMCA or the instructors forever from liability for any and all loss or damage, personal injury, property damage or wrongful death whether caused by any negligence, either active or passive of the Y and the instructors, or otherwise.
3. **Medical Treatment Policy:** I agree that in the event of an emergency in which a parent, guardian, or emergency contact cannot be reached, that Emergency Medical Staff and the YMCA may take appropriate action to best serve the interest of my child. I understand in the case of an emergency situation, when medical attention is necessary, that the participant's parents or guardians will be responsible for any medical cost.
4. I agree to indemnify and hold the Y and instructors harmless from any damages or costs arising out of the participant's (child or myself) injury.
5. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I agree to conduct myself with these principles in mind at all times and will not disrupt this or any other Y program or activity.
6. I give permission to the YMCA to use the photograph or likeness of my child for the purpose of educational or promotional matter. Yes or No
7. I am willing to participate as a coach or a helper in this program. Yes or No

Parent's Signature: _____ Date: _____

For Office Use Only:

Amount Paid at Registration: _____ Payment Method _____ Date: _____ Receipt #: _____ FA: _____