
Shepherd Hill Athletics

"We Are The Hill"

Try It Clinics

All are 1 night clinics, held here at Shepherd Hill 6:00-9:00, free of charge, for students currently in grades 5-8. Please print and complete this form and bring it with you to the clinic.

Day	Date	Sport	Time
Tuesday	06/08/10	Try Tennis for Boys and Girls	6:00PM
Wednesday	06/09/10	Try Wrestling	6:00PM
Thursday	06/10/10	Try Football	6:00PM
Monday	06/14/10	Try Track Field / Cross Country for Boys and Girls	6:00PM
Tuesday	06/15/10	Try Lacrosse for Boys	6:00PM
Wednesday	06/16/10	Try Volleyball for Girls	6:00PM

Parental Consent Release from Liability and Indemnity Agreement

We the undersigned father and/or mother or guardian(s) of _____, a minor, and said minor, do hereby consent to his/her participation in voluntary athletic clinics and do forever RELEASE, acquit, discharge and covenant to hold harmless the Dudley-Charlton Regional School District, a regional school district in the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Dudley-Charlton Regional School District athletic clinics; FURTHERMORE, we/I hereby agree to protect the Dudley-Charlton Regional School District, and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from -injury to said minor in connection with his/her participation in the Dudley-Charlton Regional School District's voluntary athletic clinics, and to INDEMNIFY, reimburse or make good to Dudley-Charlton Regional. School District, or its successors, departments, officers, employees, servants and agents any loss and damage and costs, including attorney's fees, the District or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, negligent, or reckless acts or omissions while participating in the said sports clinics.

Student's Last Name _____ *First Name* _____ *MI* _____

Home Address _____ *Zip Code* _____

Telephone No. _____ *Date of Birth (copy of birth certificate may be required)* _____ *Grade* _____

Signature of Parent/Guardian _____

IN CASE OF EMERGENCY CALL

Name _____ *Telephone #* _____ *Relationship* _____

Name _____ *Telephone #* _____ *Relationship* _____

Family Health Insurance Plan _____ *Policy NO.* _____

"Pride and Unity"

6/1/10