

Coney Island Sports Foundation YOUTH TRACK & FIELD PROGRAM

Free 6 Week Program for Ages 8 to 15

Monday to Friday 6 PM to 8 PM
June 30 to August 14

Focusing on conditioning, evaluation, and overall progress, this will be a test of speed, agility, and endurance.

FREE CISF RUNNING T-SHIRT
Rolling registration but space is limited

Leon S Kaiser Playground
W 24th St to W 32nd St
along Neptune Ave in Coney Island

D F N Q to Stillwell then B74 heading West
Exit 6/6S on Belt then south on Cropsey until right on Neptune
FULL DIRECTIONS & INFO at
www.coneyislandsportsfoundation.org



File Photo Parks Dept.

Please bring any beverages and running shorts for your child. While we will supply a running shirt, your child is free to bring their own.

IMPORTANT: *If your child has any conditions which can impact their ability to conduct strenuous exercise, please disclose them below with a signed statement from the child's primary care physician that they are able to engage in this program.*

Please mail to or hand in at: Coney Island Sports Foundation 1712 Mermaid Avenue Brooklyn, NY 11224 PLEASE PRINT LEGIBLY

FIRST AND MIDDLE NAME	<input type="text"/>	LAST NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>		
CITY	STATE	ZIP CODE	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-MAIL ADDRESS	GENDER M F	AGE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY CONTACT #1:	PHONE NUMBER	RELATIONSHIP TO GUARDIAN	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY CONTACT #2:	PHONE NUMBER	RELATIONSHIP TO GUARDIAN	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WAIVER OF LIABILITY: *I, the guardian of the child, and the child both undersigned agree to waive any legal action against the Coney Island Sports Foundation or its personnel for any risk, injury, or other issues also having truthfully warranted that the child in question can fully participate in strenuous activity with clearance by their primary care physician as well as disclosure of any medical conditions including any which may arise or change during the program.*

PLEASE LIST ANY CONDITIONS OR ALLERGIES	<input type="text"/>	CHILD SIGNATURE	<input type="text"/>
PARENT/GUARDIAN PRINT NAME	<input type="text"/>	PARENT/GUARDIAN SIGNATURE	<input type="text"/>