

Wakefield Forest Elementary School
Do you love to play sports? Then you'll love ...
PTA-Sponsored
SPORTS SPECTACULAR

Each week, students will play a different sport or game including: basketball, soccer, flag football, kickball, capture the flag, tag games and MORE!

Start date:	Monday, March 19 for 8 Mondays*
Time:	12:50 p.m. – 1:50 p.m.
Grades:	K – 3
Location:	WFES gym/fields (instructor meets class in gym hall)
Cost:	\$96.00 per child** (a portion of the cost goes to the PTA)
PTA Contact:	Howard Kamen (H) 703-503-0537 (C) 571-239-6830

* No class on April 2, April 9, April 30 and May 28. Sessions end June 4.

** Please note: Class size is limited to 30 students.

Sports Spectacular is presented by Overtime Athletics, whose "game plan" is to motivate young people to embrace a healthy lifestyle while learning the rewards of teamwork and the FUNdamentals of the game.

All children will need a one-time FCPS–required release form (on back) and blanket permission form to be filled out and signed by a parent/guardian.

Please fill out LEGIBLY and return this registration, permission and release in a sealed envelope in your child's backpack along with a **check payable to WFES PTA.**

Child Name: _____ Grade: _____ Teacher: _____

Address/City/State: _____

Home Phone: _____ E-Mail Address: _____

*This is the address where you will be contacted for any class cancellation notices or other announcements.

MONDAY EMERGENCY Contact Name/Phone: _____

I am willing to volunteer to help at one or more sessions (circle one): YES NO

Blanket Permission Slip: I give permission for _____ to participate in Sports Spectacular beginning on 3/19/12 and continuing each Monday through 6/4/12.

Parent/Guardian Signature: _____

Students must be picked up immediately from the WFES gym following their session. SACC students will be escorted to and from the SACC room to the gym.

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks for participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the vent in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Wakefield Forest PTA.

Their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

_____	_____	_____	_____
Print Participant’s Name	Age	Signature (if under age 18, parent or guardian must also sign.)	Date

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 Years Old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and parents or legal guardian.

_____	_____	_____	_____
Print Participant’s Name	Age	Signature	Date