

THE SQUANNACOOK RIVER RUNNERS
PRESENT THE
2010
SIXTEENTH ANNUAL
GROTON



PROGRAM INFO

Open House: June 28, 2010

Location: Groton-Dunstable H.S. Track (New High School @ 703 Chicopee Row)

Cost (Until 6/28): \$75 per child
\$120 for two
\$150 maximum per family

Cost (After 6/28): \$85 per child - No family discounts **NO EXCEPTIONS!!**

Schedule: Every Monday and Wednesday
From **June 28 – August 18**
4:30 pm– 6:30 pm

PROGRAM SIGN-UP

When: Applications accepted through 6/28

Online Registration@ www.sqrr.org and click on activities, youth programs & Summer T&F

Mail To: Squannacook River Runners
Summer Track and Field
P.O. Box 451
Groton, MA 01450

Payable To: Squannacook River Runners or SqRR

Number of participants is limited to 150, so get your applications in early!
Guaranteed T-Shirt register before June 7th, 2010

**PARENTS OF K-2 PARTICIPANTS
ARE REQUIRED TO STAY!!**

FOR FURTHER INFORMATION:

Call Kerri @ (978) 870-8597 or email SQRRtrack@verizon.net

****There will be an email confirmation - If email is not included I will call to confirm.**

2010 SqRR Summer Track and Field Program Registration Form

1st child's name _____ Sex _____

Grade (Going Into) _____ Age on 6/28 _____ Restrictions/Meds: _____

T-Shirt Size (Circle one): Child's Size: S= 6-8 M= 10-12 L= 14-16

Adult Size: S M L

2nd child's name _____ Sex _____

Grade (Going Into) _____ Age on 6/28 _____ Restrictions/Meds: _____

T-Shirt Size (Circle one): Child's Size: S= 6-8 M= 10-12 L= 14-16

Adult Size: S M L

3rd child's name _____ Sex _____

Grade (Going Into) _____ Age on 6/28 _____ Restrictions/Meds: _____

T-Shirt Size (Circle one): Child's Size: S= 6-8 M= 10-12 L= 14-16

Adult Size: S M L

Parent(s) Name _____

Home Phone# _____ Cell Phone# _____

Mailing Address _____ Town _____

Email _____

Emergency Contact _____ Phone _____

Waiver: I give the Squannacook River Runners permission to transport my child to the nearest hospital in the event of an emergency. I further consent to medical treatment, if necessary, if the above parent or emergency contact cannot be reached. I agree to hold harmless the Town of Groton, the Groton-Dunstable Regional School District and the Squannacook River Runners from any claims of liability related to any accident that may occur.

Signed (Parent/Guardian) _____ Date _____

2010 SUMMER PROGRAM PARENT VOLUNTEER FORM

Volunteer Name _____ T-Shirt Size S M L XL

Preferred Assignment _____

Volunteer Name _____ T-Shirt Size S M L XL

Preferred Assignment _____

PARENTS:

Please consider becoming a coach or helper. *We need you!!* No experience is necessary. Enthusiasm is encouraged. Many interesting jobs are available if you have some time to commit. **Plus**, you get a *free* T-shirt and have tons of fun!! You could:
Assist a coach, help with First Aid, work on the end of program party or just assist where needed.