

2-4-1 Sports Academy P.L.U.S.

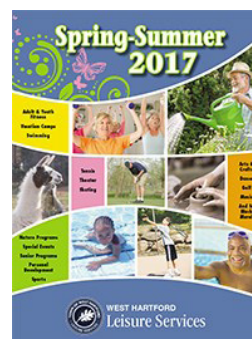
OFFERED THROUGH WEST HARTFORD LEISURE SERVICES

life's 2 short 4 just 1 sport™

2·4·1

SPORTS

www.241sports.com



register online:

using program code 414550A at:
www.westhartfordct.gov/leisureservices

cost: Residents \$181.00

Non-Residents \$196.00

The 2-4-1 Sports Academy P.L.U.S.S. (Physical Literacy Using Sports Sampling) teaches kids that Life's 2 Short 4 Just 1 Sport™. The camp is run by a mix of local varsity and college coaches and players from Hall and Conard. Demonstrating the 2-4-1 Crossover Effect, 2-4-1 P.L.U.S.S. allows attendees to choose two sports to participate in for the week. Sport choices for ages 8 through 14 are basketball, soccer, fitness/track and ultimate games (which may include flag football) as well as a Junior Program for K-2. After registering, 2 sport choices must be e-mailed to Camp Director, Steve Boyle at Steve@241Sports.com. Ages 5 through 7 do not need to choose sports as activities will rotate each day. All attendees receive a tee shirt and a car magnet. Meeting place will be the entrance to Hall High Stadium behind the school. Bring snack and water bottle.

AGES 5-14: Junior 2-4-1: Grades 1&2/2-4-1: Grades 3-8

2-4-1 SportsAcademy P.L.U.S.S. is a great way for kids to stay active and discover the physical benefits of multisport participation.

Featuring:

Soccer – Scott Ferguson

Basketball – Brittany Huggins

2-4-1 Crossover Fitness – Jack Murphy

Ultimate/Football – Frank Robinson

Junior 2-4-1 - Lily Donatelli

www.241sports.com

Dates: 2017

During April Vacation

April 10-13

at Hall High

time:

8:45am-12noon

last name: _____

WEST HARTFORD LEISURE SERVICES REGISTRATION FORM
Please complete separate form for each participant

Primary Guardian (Please print)

Last Name: _____ First Name: _____

Street: _____ Town: _____ Zip: _____

Home Phone: _____ Work #: _____ Cell Phone #: _____

Primary # where office can reach you during program hours: _____

E-Mail Address: _____

Has child been prescribed an epi-pen? Yes No (If yes, an epi-pen form must be completed) _____

T-Shirt size (circle one) YM YL AdS AdM AdL AdXL

PARTICIPANT'S FULL NAME: _____ BIRTH DATE: _____ M/F

Entering Grade: _____

PROGRAM #	TITLE	DATES	TIME	FEE
414550A	2-4-1 Sports Academy P.L.U.S.S.	April 10-13	8:45am -12noon	Residents \$181.00, Non-Residents \$196.00

PAYMENT TYPE: _____ CASH (IN PERSON ONLY) _____ CHECK (PAYABLE TO "TOWN OF WEST HARTFORD") TOTAL: _____

____ VISA ____ Master Card Card no.: _____ Expiration Date: _____

HEALTH AND INFORMATION

This section must be completed if required for your program

Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe

List Medications: _____

Family Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Emergency Contact (Person to call if unable to contact parent): Name/Relationship: _____

Home Phone: _____ Work/Cell _____

PLEASE READ EACH STATEMENT BELOW AND IF YOU UNDERSTAND AND AGREE TO EACH STATEMENT WRITE YOUR INITIALS IN THE SPACE NEXT TO THE PARAGRAPH TO SIGNIFY YOUR UNDERSTANDING AND AGREEMENT.

In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and

_____ I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in this West Hartford Leisure Services Program.

Signature of Parent or Guardian: _____ Date: _____