

**Easton Recreation**  
**WRESTLING PROGRAM**

**Grades 5-8**

**Location:** Oliver Ames High School Gym  
**Practice Days:** Mondays and Wednesdays  
**Meets:** To be announced  
**Time:** 5:00pm – 6:00pm  
**Fee:** \$75.00 (fee includes shorts, t shirt and duffle bag)  
**Program will run Monday November 28, 2011 — Wednesday February 15, 2012**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**GENERAL RELEASE – MINOR CONSENT FORM FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, a minor child, do hereby consent to his/her participation in \_\_\_\_\_, a voluntary athletic/recreational program offered by the Town of Easton by and through the Easton Recreation Department (“Town”), and do forever release, discharge, indemnify and hold harmless the Town, its agents, servants and employees, from any all actions, causes of action and claims for personal injury(ies) or damages on account of, or in any way arising out of the minor child’s participation in this program, which I, as the parent or guardian of the minor child may have now or in the future. I further release, discharge, indemnify and hold harmless the Town from any claims or rights of action for personal injury(ies) or damages which said minor child has or hereafter may acquire, either before or after he/she has reached the age of majority resulting from or in any way arising out of his/her participation in \_\_\_\_\_.

As parent/guardian of the above-named minor child, in my absence, I hereby authorize the Town, to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

Signature of Parent/Guardian \_\_\_\_\_ Dated: \_\_\_\_\_

Medical Insurance Policy No. \_\_\_\_\_

***Please complete form, sign release, enclose a check payable to the Town of Easton and mail to the Easton Recreation Department 15 Barrows St. N Easton, MA 02356***