

**DUBLIN CELTICS TRACK & FIELD
FALL/WINTER 2016-2017**

***Fall/Winter Track & Field Camp
Dublin High School Track & Field Coaching Staff
Dublin High School Campus
September 12, 2016 – February 4, 2017
Fee – \$60***

PLEASE MAKE CHECKS PAYABLE TO DUBLIN CELTICS

Please complete the online form at www.dublincrosscountry.com and return this completed waiver and check to the coaching staff on the first day of attendance.

My child, _____, has my permission to participate in the Dublin Celtics track and field fall/winter camp. I release Dublin Unified School District (DUSD), Dublin Celtics (DC), and coaching staff from any liability arising from my child's participation in said program. I understand, acknowledge, and agree that DUSD, its employees, officers, agents, coaching staff or volunteers shall not be liable for any injury or illness suffered by my child which is incident to and or associated with preparing for and or participating in said program. I understand that I hold DUSD, DC, coaching staff, its officers, agents and employees harmless from any and all liability or claims, which may arise as a result from my or my child's participation in said programs. I understand DUSD and DC does not provide health and medical insurance for their participants. Consent is hereby given to the coaching staff and or coordinators to seek aid if required in the case of emergency.

I have read and give my consent to authorize emergency medical care for my child.

Parent/Guardian Signature

Date