



**Ages: 8- 14**

### **Registration: January 20-March 17**

Bolt is a ten week curriculum-based program for children of all fitness levels used to help youth learn how to set goals and how to make physical activity part of their daily lives. The program combines running and character development for youth ages 8-14 while being physically challenging. Youth will build friendships while working together to complete a 5k race (Skeedaddle for the Small Fries, June 6) at the conclusion of the program. The curriculum based program is lead by qualified instructors provides children with the physical training and goal setting mentality needed to accomplish their running goals.

**Location:** H. Boyd Lee Park (5184 Corey Rd.)

**Date/Time:** Tuesdays & Thursdays, March 31, 2015-June 6, 2015 from 6:00 PM-7:00 PM

**Fee:** \$50; Discounted Greenville Resident Fee: \$75 non-resident (program fee includes race registration)



#### **Program: BOLT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date (MM/DD/YR): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: M F Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Greenville City Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Email Address: \_\_\_\_\_

Medical Information (allergies, special medications, instructions, etc.) \_\_\_\_\_

#### **Permission, Release, and Assumption of Risk**

In consideration of my child being allowed to participate in the BOLT Program sponsored by Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

For the safe enjoyment of this program by all participants, GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program.

In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by GRPD & staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_