HANFORD HIGH SCHOOL

FALCON ATHLETIC DEVELOPMENT

FOR ALL ATHLETES ENTERING GRADES 6-8

Location: HANFORD HIGH SCHOOL
WEIGHT ROOM & TRACK

Dates: JULY 1 – AUGUST 8
(Monday, Tuesday & Thursday)

Time: 11:00 AM – 12:00 PM

Cost: $50.00

REGISTRATION INFORMATION

- Registration and payment can be delivered or sent by mail to Hanford High School:
  Falcon Athletic Development
  Hanford High School
  450 Hanford Street
  Richland, WA 99354

- Payment must be in the form of a personal check, money order, or cashiers check made out to Richland School District – no cash will be accepted.

- Participants Coached by the Hanford Staff
- Strong Emphasis placed on Safety – Constant Supervision
- Athletes organized according to Age and Athletic Ability
- Development of Character, Sportsmanship, and Teamwork
- Variety and Diversity of Strength and Conditioning Activities
- Instruction of Fundamental Athletic Skills and Development of Fitness Level

- If there are questions or concerns with regard to any aspect of the Falcon Athletic Development Program, please contact Coach Oram at rob.oram@rsd.edu or 967-6500.
Participant’s Name: ________________________________ Grade: ______

Parent(s) Name: ____________________________________________

Address: ___________________________________ City: __________ Zip: ______

Home Phone: ______________ Work Phone: ______________ Cell Phone: ______________

Email Address: ____________________________________________

Physician: ____________________________ Physician Phone: ______________

Emergency Contact: ____________________________ Emergency Phone: ______________

FAD Program T-Shirt Size: YM YL YXL S M L

Insurance Information

Participants are required to have health insurance coverage for injury and/or accident to enroll in the Falcon Athletic Development Program.

I verify that ________________________________ has medical insurance with:

(Participant)

__________________________________________ (Insurance Company) ____________________________ (Policy Number)

which effectively covers any medical cost incurred as a result of participation in the Falcon Athletic Development Program. Furthermore, I authorize the Hanford High School staff to seek any necessary emergency medical treatment my child may need during the course of the Program.

As the parent / legal guardian of ________________________________

(Participant)

I acknowledge the potential risk of injury related to physical activity associated with participation in the FAD Program and assume all risks and hazards incidental to the conduct of the activities.

__________________________________________ (Parent/Guardian Signature) ____________________________ (Participant Signature)