



Department of Parks & Recreation
Recreation Division
101 Field Point Road, Greenwich, CT 06836-2540
Phone: 203-618-7649 Email: recreation@greenwichct.gov



2024 Summer Youth Track Clinic



ACTIVITY NUMBER: 22101

DESCRIPTION: In collaboration with Greenwich Road Runners, we are offering a summer youth track clinic. All ability levels are welcome, with the aim of providing a fun and social environment in which overall fitness and running skills will be developed. The class is designed to help children learn the basics of running with an emphasis on “FUN”. After a proper warm up kids will generally break into their age group for daily workouts, runs, and games aimed to improve speed, endurance, strength and more. The 5-week session will be capped off with a Track Meet where participants will be awarded participation souvenirs.

ELIGIBILITY: Children ages 7 through 13 years old. *Participants must be at least 7 years old and not turning 14 on or before program start date.*

SCHEDULE: Program will run on Mondays and Wednesdays from June 24 through July 24. July 29 and July 31 will be used as rain dates if needed. Weather and activity updates will be available on our Recreation Sports website at: www.teamsideline.com/greenwichct. In addition, you can call the weather hotline at 203-861-6100.

LOCATION: Greenwich High School Track (10 Hillside Rd. Greenwich, CT 06830)

FEES: Greenwich Resident \$50 Non-resident \$70

We accept all major credit cards for online registration. There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing, prior to the start of the program. There is a \$20 administrative fee for credits and a \$25 fee for any returned checks.

SECTION NUMBER	AGES	TIME
A1	7 & 8 years	6 p.m. – 7:15 p.m.
A2	9 & 10 years	6 p.m. – 7:15 p.m.
A3	11 - 13 years	6 p.m. – 7:15 p.m.

PARTICIPANT INFORMATION:

- Participants should wear sneakers, comfortable attire, and sunscreen.
- Bring a filled water bottle with their name on it.
- Insect repellant is suggested.

REGISTRATION:

- Online: Opens **April 1** - online registration is available to Greenwich Residents. To register online go to www.greenwichct.gov/webtrac, and SIGN IN to your account. **2024** residency must be verified before applying for this activity. Visit: www.greenwichct.gov/residency.
- Mail-in for non-residents: **Begins April 15** - Non-residents: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, or legal guardianship.
- Space is limited, please register early

Make checks payable to: "Town of Greenwich" and mail to:

Youth Track Clinic
Department of Parks and Recreation
P.O. Box 2540
Greenwich, CT 06836-2540

YOUTH SCHOLARSHIPS: The Parks and Recreation Department has established a Youth Scholarship Program which provides financial assistance to qualifying residents. Visit our webpage for more information or to register: www.greenwichct.gov/youthscholarships.

VOLUNTEER COACHES: Greenwich Road Runners Volunteers including marathoners, former Division 1 track athletes, former track/cross country coach, certified track/running coach and volunteer parents. All volunteers are subject to a background check and training through the National Alliance for Youth Sports. Any parents that are interested in volunteering during the program are encouraged to do so.



PHOTOS: The Parks and Recreation Department reserves the right to use program or event photographs including participants in official Town of Greenwich media only (Website, newsletter, flyers and advertisements, Facebook, and/or Instagram). Please contact the Recreation Office if you object to the use of photographs of you or your child(ren) in Town media.



WHAT IS “GROOMING”?

Grooming is a tactic where someone methodically builds a trusting relationship with a child or young adult, their family, and community to manipulate, coerce, or force the child or young adult to engage in sexual activities.

WHAT ARE SOME **SIGNS AND SYMPTOMS** THAT A PERSON MAY BE EXPERIENCING GROOMING AND/OR ABUSE?

- Extreme mood swings and changes
 - Sleep disturbances, such as nightmares
 - Inappropriate and/or excessive sexual behaviors, conversations, or knowledge
 - Avoidance or fear of specific places, people, or activities
 - Decreased interest in school, work, friends, or hobbies
 - Isolation from family and friends
 - Change in academic performance or behavior
 - Increase in unexplained health issues, such as frequent headaches or stomach aches
 - Being overly or fearfully obedient to other caretaker or people in positions of power
 - Pain or infection to the genital areas of youth, especially if this occurs frequently
 - Regressive behaviors, (e.g., thumb sucking or bedwetting in youth)
- Unexplained gifts and tokens

The person grooming identifies vulnerabilities, erodes the child's or young adult's boundaries, and builds up to acts of sexual abuse and control while convincing the world around the child or young adult that they are safe in their care. Typically, by the time abuse occurs, the individual has gained trust from the family and community and has access to alone time with the child or young adult. Due to the manipulation, children/young adults struggle to recognize and/or report the abuse. The secrecy around the relationship that the grooming has led to and the power imbalance allows for the abusive behaviors to continue. Because of its stealthy nature, grooming often goes unnoticed. Some survivors of sexual abuse explain that the grooming process was just as harmful to them as the abuse itself.

Grooming can take place in any type of relationship, often where there is a power imbalance. Grooming is discussed in the context of child sexual abuse but happens whenever one person takes advantage of another's vulnerability due to age, role, situation, or capacity to consent. These relationships include, but are not limited to, adult/child, teacher/student, employer/employee, mentor/mentee, or doctor/patient relationships. It also occurs in the context of human trafficking or teen and adult abusive intimate partner relationships.

“IT’S NOT LIKE HE WORE A SIGN SAYING, ‘I’M A SEXUAL PREDATOR.’ HE WAS THAT COOL UNCLE.”

-Adam, RAINN Speakers Bureau, rainn.org/survivor-stories

"HE WAS SOMEONE WHO WAS ALWAYS ON MY SIDE. WHEN I WOULD GET IN TROUBLE WITH MY PARENTS, HE WOULD TELL THEM THAT I SHOULD COME OVER TO HIS HOUSE FOR THE NIGHT. MY PARENTS COULD SENSE SOMETHING WAS OFF—IT SEEMED ODD THAT I WAS SPENDING SO MUCH TIME ALONE WITH AN ADULT. THEY EVEN ASKED ME ABOUT IT, BUT I TOLD THEM THAT EVERYTHING WAS FINE. I NOW REALIZE THAT THIS WAS ALL AN EFFECT OF GROOMING."

-Pierre, RAINN Speakers Bureau, rainn.org/survivor-stories



WHAT CAN I DO TO PREVENT GROOMING AND ABUSE?



If you suspect that child abuse has already occurred, it is your personal responsibility if you are a mandated reporter to make a report to the DCF careline at 1-800-842-2288.

You should not investigate suspicions or allegations of child physical or sexual abuse or evaluate the credibility or validity of such allegations as a condition for reporting. Become familiar with that responsibility as well as any other reporting mandates or policies that exist given your role.

There may be situations in which you may identify boundary crossing or potential grooming behaviors, but do not have reason to suspect abuse has occurred. In these situations, it's important to know how to intervene and how to create safe communities for preventing sexual abuse.

WHAT ARE SOME RED FLAGS THAT SOMEONE IS GROOMING?

- ▶ Targeting a specific individual or "type" of individual (*particular age, gender, appearance, etc.*)
- ▶ Showing favoritism or special treatment to someone
- ▶ Building trust with families & communities to gain increased access to the child or young adult
- ▶ Building trust with the child or young adult, including positioning themselves as a particularly strong and safe presence in that person's life, sometimes focused on a perceived vulnerability or need.
- ▶ Finding excuses to spend time alone with the child or young adult
- ▶ Isolating a child or young adult from caretakers, peers, and friends
- ▶ Requesting that the child or young adult keeps secrets from other caregivers and friends
- ▶ Beginning to erode physical boundaries through unnecessary physical contact with the child or young adult (*back pats or massaging, putting an arm around them, etc.*)
- ▶ Exposing the child or young adult to sexual and/or age-inappropriate conversations, media, and behaviors
- ▶ Giving gifts to the child or young adult without an appropriate occasion for doing so
- ▶ Frequent contact with the child or young adult via social media or text
- ▶ Expressing unusual interest in youth's sexual development, such as comments on body during puberty
- ▶ Emotionally identifying with youth, including excessive interest or engagement in children's media or spending an excessive amount of time around youth



2024

Consent for Treatment Form

(To be given to emergency personnel if necessary)

As parent (or legal guardian) of _____, I hereby give my consent for any emergency medical treatment as approved by his/her coach or other adult escort, in case of illness or injury while playing or in related activities. I understand that this is to prevent undue delay and to assure prompt treatment.

Signature or parent or legal guardian

Relationship to participant

Home phone

Work phone

Cell phone

Physician Name

Physician Phone

Dentist Name

Dentist Phone

Any allergies or medical/physical conditions the staff should be aware of?

YES NO If yes, please explain: _____

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible.

MUST ALSO COMPLETE PROGRAM REGISTRATION AND RELEASE ON THE NEXT PAGE



2024 Activity Program Registration

Email: recreation@greenwichct.gov



H/H #

Program Name:		Activity #:		Section #:	
Participant's Name:			Gender:		
Birth date:	Age:	School:		Grade:	
Parent/Guardian:					
Address:		Town:	State:	Zip Code:	
Cell Phone:		Email:			
Addition information:					
In Case of Emergency:					
Name:		Phone:		Relationship:	
List any physical restriction:					
Allergies:					

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above-named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____, 202__.

Signature of Participant: _____
(or Parent or Guardian for participants under 18 years of age)

Date:	Check#	Receipt#	Proof _	Initials
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