

KidsRUN RVA

Join Run Club!

Tuesdays and Thursdays, 3:30 to 4:30

Tuesdays PK-3rd grade; Thursdays 4th-8th

Beginning Tuesday, February 12th

13 student maximum per group!

IN NEED OF VOLUNTEERS!

\$10.00 fee (bus)

We'll be training to run in the Virginia 529 1 mile Kids Run part of the Ukrop's Monument Avenue 10K on Saturday, April 13th , 2019.

- PLEASE have runners run/ do drills at least one other day per week at home
- Runners should wear comfortable clothes and tennis shoes during all practices

- Running will take place off school campus in the surrounding neighborhood some days
- Runners should attend every practice unless there are extenuating circumstances
- Runners must be ready to have FUN but also ready to WORK HARD to be prepared for the upcoming race.

Coaches: Mrs. Patterson

If you have any questions, feel free to contact Mrs. Patterson at apatterson@allsaintsric.org

Sign-up on Reverse

My child, _____, has permission to join the All Saints Catholic School Running Club

Student's name: _____ Grade : _____

Home Address: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Email address: _____

I give permission for my child's photograph to be taken and used by Sports Backers. Yes No

Does your child have special medical needs during exercise? (Ex. inhaler, medication, allergies, etc.)

Yes No If yes, please explain: _____

I know that running is a potentially hazardous activity. My child will not run unless qualified, in good health and medically able. On behalf of my child I assume all risks associated with this running club including but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the running surface, all such risks being known and appreciated by me. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue my child from participating. Having read this waiver, knowing these facts, and in consideration of accepting this form, I for my child and anyone that can act on my child's behalf, discharge, waive and release All Saints Catholic School, Sports Backers, and Communities in Schools along with their officers, directors, agents, volunteers and employees from all claims or liabilities of any kind arising out of my child's participation in the program.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____