



Twelve Bridges Elementary Running Team & Club

The Running Team is open to interested 4th & 5th grade boys and girls in the fall of 2017. Practices will be held Mondays from 1:45-2:30 on the outside stage. Meet schedule TBD. First practice is 9/12/17.

In the spring, the *Running Club* will be open to all K-5th graders. Kindergarteners will need a parent/guardian there to help. The club will meet every Monday starting April 16th-May 21st from 1:40-2:40pm on the outside stage.

*** Students without a completed Athlete Information Form on file will NOT be allowed to run in either group. ***

The Running Team & Club will start each practice with a group warm-up prior to running courses around the school and the surrounding trails. Students will be with an adult at all times when they are off campus. We will also have relays and games to increase our speed. We will start with running/walking 1 mile.

**** No running experience is necessary! ****

Parent Volunteers needed

(Parents must be finger-printed through the school)

*Volunteers will be running with students and helping mark off laps

Organizer: Rachel Ludlow

If you have any questions or would like to volunteer email:

rachelludlow@hotmail.com

The Team will cost \$25 per participant. The Club is a **FREE** program for our students. We will be creating **Tiger Tracks** running club t-shirt that will be optional to purchase.

Athlete Information

Athlete's Name: _____

Grade: _____ Teacher: _____

Parent's Name: _____

Parent's Email: _____

Phone Number: _____

Are you able to volunteer? _____

Health Concerns/Allergies: _____

Would you like to purchase a Tiger Tracks T-shirt for \$10? If so what size?

Waiver: In consideration of participation in the program I agree to assume all risk of injury and liability to my child and/or myself and any and all risk of damage or loss of property arising from the participation of this program. I hereby waive and release and forever discharge the volunteers, sponsors, and school for any injury, damage, loss, claim or liability which may arise from the participation in this program.

PHOTOS: I grant approval for the organizers to take photographs of my child during **Tiger Tracks** activities and use them solely to celebrate **Tiger Tracks**.

Parent Signature: _____

Date: _____

Athletes: Sign here to show that you want to have fun, be positive, and participate in the Running Club!

Athlete Signature: _____

Medical Clearance Certification: (To be completed by student's physician)

_____ (Athlete's name) is _____ is not _____ medically cleared to participate in this activity.

_____ Date: _____

Physician Signature

* *School Fax Number: (916)434-5201*