

## **Elementary Cross Country Series**

Where: Highland Park – Ft. Thomas, Ky

Questions? Please email Coach Alessandro brian.alessandro@fortthomas.kyschools.us

YOU MUST HAVE THE RELEASE SIGNED AND TURNED IN ON RACEDAY.

**PROGRAM PURPOSE:** TO PROMOTE THE SPORT OF RUNNING TO ELEMENTARY SCHOOL STUDENTS WHILE INTRODUCING THE SPORT OF CROSS COUNTRY. THE PROGRAM WILL BE FUN AND INFORMATIVE.

**Clinic and Races:** SEVERAL COACHES/ ATHLETES WILL BE ON HAND TO GIVE INSTRUCTIONS AND ANSWER OUESTIONS. WE WILL ONLY HAVE THREE RACES.

PLEASE BE THERE EARLY ON FOR RACES. WE PLAN TO START ON TIME.

## **RACE DATES/TIMES:**

RACE #1: SEPT. 7<sup>TH</sup>
RACE #2: SEPT. 14<sup>TH</sup>

CHAMPIONSHIP RACE: SEPT 21th

## **GRADE GROUPS/DISTANCES:**

K-2: ½ MILE RUN STARTING AT 5:00PM 3-4: ¾ MILE RUN STARTING AT 5:10PM 5-6: 1 MILE RUN STARTING AT 5:20PM (please arrive no later than 4:30pm) ALL RACES WILL START ON TIME AND WILL NOT BE CANCELLED UNLESS THERE IS THUNDER AND LIGHTNING.

AWARDS: ALL PARTICIPANTS WILL RECEIVE AN AWARD AS THEY FINISH IN THE FIRST 2 RACES (RIBBON). AFTER THE CHAMPIONSHIP RACE ON SEPT 22nd, AWARDS (METALS) ARE GIVEN TO THE TOP 10 ONLY IN EACH RACE.

REGISTRATION: THIS FORM MUST BE SIGNED AND RETURNED. PLEASE BRING IT WITH YOU ON RACE DAY. No Entry Fee. DO NOT RETURN THIS TO YOUR SCHOOL!!

THANK YOU FOR PARTICIPATING!!

COACH BRIAN ALESSANDRO AND THE HIGHLANDS CROSS COUNTRY TEAM

## PROGRAM WAIVER

NAME: GRADE \_\_\_\_\_

SCHOOL: SEX

TELEPHONE:	AGE
I KNOW THAT RUNNING IS A POTEN	ITIALLY HAZARDOUS ACTIVITY. I
SHOULD NOT ENTER UNLESS I AM N	/IEDICALLY ABLE AND PROPERLY
TRAINED. I AGREE TO ABIDE BY AN	DECISION OF THE PROGRAM
OFFICIAL RELATIVE TO MY ABILITY	TO SAFELY COMPLETE THE
PROGRAM. I ASSUME ALL RISKS AS	SOCIATED WITH RUNNING IN
THIS EVENT INCLUDING, BUT NOT L	IMITING TO FALLS, CONTACT
WITH OTHER PARTICIPANTS, THE EI	FECTS OF HIGH HEAT AND
HUMIDITY, TRAFFIC AND THE COND	OITION OF THE COURSE, ALL SUCH
RISKS BEING KNOWN AND APPRECI	ATED BY ME. HAVING READ THIS
WAIVER AND KNOWING THESE FAC	TS AND IN CONSIDERATION OF
YOUR ACCEPTING MY APPLICATION	I, I, FOR MYSELF AND ANYONE
ENTITLED TO ACT ON MY BEHALF, V	VAIVE AND RELEASE THE
HIGHLANDS CROSS COUNTRY TEAM	1S, HIGHLANDS HIGH/MIDDLE
SCHOOL, ITS COACHES, ALL OTHERS	INVOLVED IN THIS PROGRAM,
AND THE CITY OF FORT THOMAS FR	OM CLAIMS OR LIABILITIES OF
ANY KIND ARISING FROM MY PART	ICIPATION IN THIS EVENT.
PARENT / GUARDIAN'S SIGNATURE	: DATE