

Lafayette Meadows Running Club Spring 2019



WHO: 3RD-5TH Grade Boys and Girls

WHAT: 5-Week Training Program to prepare for the SACS Elementary 1 Mile Championship On May 10, 2019

WHEN: Tuesdays & Thursdays from 3:45-4:45 pm, starting April 9th and ending May 9th

WHERE: Meet in Lafayette Meadows gym & be dressed to run outside. Parents are welcome to run with the group if a background check is on file with the office and he/she has viewed the bullying video .

WHY: To prepare students for the thrill of a running competition & to teach life-long fitness.

COST: \$35.00 per student—Cost includes 10 training sessions, race entry fee for 1 Mile Championship on May 10 at Summit Middle School (6 p.m.) & race t-shirt. *(Please make checks payable to Tammy Behrens & return entry form below with the attached medical form.) Student Scholarships are available. Families with more than one sibling will sign up the first child for \$35.00 & each additional child is \$20.00.*

QUESTIONS: MATT LOSHE (MLOSHE@SACS.K12.IN.US) Teacher/ Coach

THIS IS A HOMESTEAD ATHLETICS SPONSORED EVENT



FORT WAYNE



Entry Form—Turn in by March 20th - Follow us on Twitter: @sacs_mile

Name: _____

School: _____ Grade: _____ Circle: M / F Telephone: _____

Address: _____

Email: _____ Shirt Size (Please circle one) YS YM YL AS AM AL

Please Make checks out to Tammy Behrens & return to Front Office at your school by March 20th.

Waiver: If anything happens to me before, during, or after the race, neither I nor anyone else will make any claim or liability against the race organizers, Southwest Allen County Schools, coaches or sponsors of the SACS Elementary One Mile Championship event. I give permission for my child's picture to be used on official SACS Mile Platforms.

Signature of Participant: _____

Signature of Parent _____ Date: _____

Please complete the medical form attached and submit it with the entry form.

Consent for Medical Treatment of a Minor Child

I (We), _____ and _____ do hereby state that I am (we are) the parent(s) or legal guardian(s) of the minor-aged child named on the reverse of this card. I (We) realize that my (our) minor child, **while participating in extracurricular events or field trips** sponsored by or attended by his/her school, may become injured or ill to a degree which would require medical attention. I (We) authorize _____, Principal of _____, or his/her designee, an adult (over 18 years of age), to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general or special supervision and on the advise of any physician or surgeon licensed to practice medicine in the State in which the event is being held. This consent for medical treatment will remain in effect for the _____ school year.

In case of serious medical emergency the student may be transported to the emergency room of the nearest hospital to receive medical treatment.

Dated this _____ day of _____ 20____.

Signature(s) of parent(s) or legal guardian(s)

Witness:
R6/2016

Witness:

Medical Information Card • Southwest Allen County Schools

Name _____ Age _____ Phone _____

Address _____ Cell Phone _____

Father's Name _____ Phone _____

Employment _____ Phone _____

Mother's Name _____ Phone _____

Employment _____ Phone _____

Drug/Other Allergies _____

Current Medications _____ Last Tetanus Injection _____

Special Health Problems _____

Doctor's Name _____ Hospital Preference _____

Medical Insurance Carrier _____ Policy Number(s) _____

Alternative Person to Contact _____ Phone _____