

ELEMENTARY SCHOOL CROSS COUNTRY PROGRAM *AT HIGHLAND PARK IN FORT THOMAS, KENTUCKY* **SPONSORED BY** **HIGHLANDS CROSS COUNTRY TEAMS**

CALL DAN BAKER AT 331-2434 OR SCOTT CLARK AT 240-0050
FOR ADDITIONAL INFORMATION

PROGRAM PURPOSE: TO PROMOTE RUNNING AS A MEANS OF EXERCISE FOR ELEMENTARY SCHOOL CHILDREN AND TO INTRODUCE CROSS COUNTRY TYPE RUNNING. THE RACES WILL BE INFORMAL AND FUN ORIENTED.



CLINIC DATE AND TIME: FRIDAY, SEPTEMBER 9TH FROM 4:45 - 5:30 P.M. SEVERAL AREA HIGH SCHOOL COACHES WILL BE ON HAND TO GIVE INSTRUCTION AND TO ANSWER QUESTIONS. THERE WILL ALSO BE A COURSE WALK AND FUN RUN ON THESE DAYS. THERE IS ONLY 1 CLINIC DATE.

RACE DATES AND TIMES: THERE WILL BE A RACE EVERY FRIDAY STARTING FRIDAY SEPTEMBER 16TH AND ENDING FRIDAY OCTOBER 7TH. YOU MUST PARTICIPATE IN THE CLINIC AND ONE RACE OR TWO RACES TO BE ELIGIBLE FOR THE CHAMPIONSHIP RACE ON OCTOBER 7TH.

GRADE GROUPS AND DISTANCES: (Please have kids there by 4:30)
K - 2 GRADES - WILL RUN 1/2 MILE STARTING AT 5:00 P.M.
3 - 4 GRADES - WILL RUN 3/4 MILE STARTING AT 5:10 P.M.
5 - 6 GRADES - WILL RUN 1 MILE STARTING AT 5:20 P.M.
ALL RACES WILL START ON TIME AND WILL NOT BE CANCELLED UNLESS THERE IS SEVERE LIGHTNING.

AWARDS: ALL PARTICIPANTS WILL RECEIVE RIBBONS AS THEY LEAVE THE CHUTES IN THE PRELIMINARY RACES. AFTER THE CHAMPIONSHIP RACE ON OCTOBER 1ST, THERE WILL BE AN AWARDS CEREMONY. THE TOP THREE WILL RECEIVE TROPHIES AND THE NEXT 7 RECEIVE MEDALS.

REGISTRATION: THE CHILDREN'S RUNNING PROGRAM WAIVER MUST BE FILLED OUT AND SIGNED BEFORE YOUR CHILD CAN PARTICIPATE IN THE PROGRAM. PLEASE BRING IT WITH YOU. DO NOT TAKE IT TO YOUR SCHOOL!

THANKS TO THE HIGHLANDS BOYS AND GIRLS CROSS COUNTRY TEAMS, THEIR COACHES: DAN BAKER AND SCOTT CLARK.

HIGHLANDS CHILDREN'S RUNNING PROGRAM WAIVER

NAME _____ GRADE _____

SCHOOL _____ SEX _____

TELEPHONE # _____ AGE _____

I KNOW THAT RUNNING IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A PROGRAM OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE PROGRAM. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER RUNNERS, THE EFFECTS OF HIGH HEAT AND HUMIDITY, TRAFFIC AND THE CONDITION OF THE COURSE, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY APPLICATION, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE HIGHLANDS CROSS COUNTRY TEAMS, ITS COACHES, ALL OTHERS INVOLVED IN THIS PROGRAM, AND THE CITY OF FORT THOMAS FROM CLAIMS OR LIABILITIES OF ANY KIND ARISING FROM MY PARTICIPATION IN THIS EVENT.

PARENT'S OR GUARDIAN'S SIGNATURE _____ DATE _____