

Grades K - 8 Rising Runners Program

Held at the Northview High School Track

June 6th, 7th, 9th

6:00 PM – 7:30 PM



Registration Form must be received by May 23 to be guaranteed a T-Shirt

PARTICIPANT INFORMATION					
Last Name:		First Name:		Middle Initial:	
Address:			Contact Number: ()		
City:		State:		ZIP Code: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth: / /		Age:	School attending Fall 2022		Grade Level Fall 2022 (K-8)
email address:					
Emergency contact name:			Emergency contact phone number:		
T-shirt size (circle one): YOUTH: S M L ADULT: XS S M L XL XXL					

INFORMATION

Grades Kindergarten - 8th	
<p>Activities take place at the Northview High School Track</p> <ul style="list-style-type: none"> ➤ Directed and supervised by the Northview Cross Country Coaching Staff ➤ Daily activities will be conducted by members of the Northview Cross Country Team 	<p>Rising Runners Program cost = \$35.00</p> <p>Make checks payable to: Indiana Flying Angels</p> <p>Send registration to: Tim Rayle, Clay Community Schools, 1013 S Forest Ave, Brazil, IN 47834</p> <p>Total amount enclosed: \$</p>

I know that running is a potentially hazardous activity that could cause injury or death. I should not enter my child and let them run unless they are medically able and properly trained, and by my signature, I certify that they are medically able to perform this event, are in good health, and are properly trained. I agree to abide by any decision of the program directors relative to any aspect of my child's participation in this event, including the right of any official to deny or suspend my child's participation for any reason whatsoever. I assume all risk associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my child's registration, I for myself and anyone entitled to act on my behalf, waive and release Clay Community Schools, its officers and agents, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my child's participation in this event. NO REFUNDS.

Name of Parent / Guardian: _____ Date: _____

Parent or legal guardian signature: _____