

FALL TAVELLI RUNNING CLUB

FOR THE SAFETY OF OUR STUDENTS, ALL PARENTS THAT WOULD LIKE TO STAY AND WATCH THEIR STUDENTS RUN OR RUN WITH THEIR STUDENT MUST BE A REGISTERED PSD VOLUNTEER AND BE WEARING THE VOLUNTEER NAME TAG.

CONTACT INFORMATION AND RELEASE WAIVER

BOTH SIDES OF FORM MUST BE COMPLETE, SIGNED AND SUBMITTED TO THE OFFICE BEFORE MEMBERS CAN PARTICPATE. ONE MEMBER PER FORM, PLEASE!

WHO: This year running club will be offered to any **K-5th grade student** who wants to run, jog or walk and have fun with friends. Due to the number of students interested, we will have **first come limit of 90 runners** with a wait list for others that wish to run. You do not need to be an avid runner to join the fun!

The deadline for registration is Thursday, Aug 31st

The playground at Tavelli does not open until 8:30 **NO** sibling of running club members may be dropped off to play on the playground during running club.

WHEN: 3rd Grade-5th: Monday mornings 8:00 a.m.-8:30 a.m. **starting Sept 11-Oct 16**

K-2nd Grade: Thursday mornings 8:00 a.m.-8:30 a.m. starting Sept 14-Oct 19

WHERE: The field north of the playground. **There will be no playing on the playground during running club.**

COST: FREE!

Drop Off: All members must be **dropped off and checked in** at the **west side of the field** for Running Club.

CANCELLATION: Running Club will not be held during inclement weather. We will decide about weather cancellations and send an email to the address you provide below by 7:00PM the day before running club is scheduled. **DO NOT** call the office to find out if Running Club is cancelled. **If it is raining or snowing, do not bring your child to running club.**

QUESTIONS: visit **Mr. Deal's learning page** or contact me at robertd@psdschools.org

STUDENT NAME: _____

GRADE: _____ **TEACHER :** _____

PARENT/GUARDIAN NAME: _____

CELL PHONE: _____ **EMAIL:** _____

DO YOU HAVE SIBLINGS IN RUNNING CLUB? CONTACT MR. DEAL TO WORK OUT WHICH DAY THEY CAN RUN TOGETHER.

(We must have a completed form for EACH child!)

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO STUDENT: _____ **PHONE:** _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO STUDENT: _____ **PHONE:** _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? YES NO (circle one)

IF YES, PLEASE SPECIFY: _____

I understand that membership in Tavelli Running Club is a privilege. Any student that demonstrates inappropriate behavior or is not picked up on time may be immediately dismissed from Running Club.

RELEASE WAIVER: In consideration of this waiver being accepted, I hereby release and discharge any and all rights and claims for damages which I or my child may have against the sponsors, organizers, and volunteers of the Tavelli Running Club for any injuries of any kind that I or my child may incur as a result of participation in the Tavelli Running Club. I understand that participation in an activity like the Tavelli Running Club involves the risk of physical injury and state that my child (or I am) is physically able to participate in this event. I understand that it will be my responsibility to pay for any emergency services that my child or I might require during participation in the Tavelli Running Club. I further understand that the Tavelli Running Club is sponsored by Tavelli Elementary and agree that it shall have no liability of any kind in relation to me, or my child's participation in the Tavelli Running Club. I also understand and agree that Tavelli Running Club may subsequently use for publicity and/or promotional purposes my name and pictures of my child participating in this event without obligation or liability to me.

STUDENT SIGNATURE _____ **DATE:** _____

PARENT SIGNATURE _____ **DATE** _____

Submit completed forms to Jane in the office.