

# Haverhill 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 Friday, May 10, 2019

**WHEN:** Tues. before school @ 8:00 AM & Wed. after school until 4:30 pm, starting April 9th and ending May 8th

**WHERE:** Meet in the Haverhill gym & be dressed to run outside. Parents are welcome to run with us if there is 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 & race t-shirt. *(Please make checks payable to Tammy Behrens & return entry form below with the attached medical form.)* \*\$21 if you are only able to come to one session per week. 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:** MANDY STOUT (astout@sacs.k12.in.us OR 260.431.2901) 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 \_\_\_\_\_