Astor Cross Country

What: Run club for Astor School students in 3rd - 6th grade. Students will do short and middle distance running workouts and play active games at practices. The focus is on a fun means of getting exercise and play through running. Four cross country races for 3rd - 6th graders are available for optional participation.

The Portland Interscholastic League offers a cross country team for 6-8th grade students of the Roosevelt cluster schools separate from this program.

http://www.pilathletics.com/page/show/2351746-cross-country

When: The club meets Tuesday's and Thursday's after school (2.30pm). Meets for the fall cross country season will begin on September 14th (4.30pm). The schedule is as follows: All practices are at Astor (Playground) from 2.30-3.30 Meets begin at 5pm, with 3/4th running first.

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Week 1 - 9/7: Astor,
Week 2 - 9/12: Astor, 9/14: Meet at Overlook Park
Week 3 - 9/19: Astor, 9/21: Astor
Week 4 - 9/26: Astor, 9/28: Meet at Overlook Park
Week 5 - 10/3: Astor, 10/5: Meet at Overlook Park
Week 6 - 10/10: Astor, 10/12: Astor
Week 7 - 10/17: Astor 10/19: Meet at Overlook Park
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In addition to these practices, optional saturday morning runs/hikes in Forest Park will be offered.

Where: The fall season have practice at Astor School's playfield, McKenna Park and the University of Portland's campus.

Volunteers: Parent volunteers are welcomed to help. No running experience is needed.

Sign up: Fill out this form and bring it and your participation fee to your first practice OR sign up and pay online (preferred) at

Fee: \$17.00 - This fee includes the entry fees to each meet as well.
Student Name:
Email:
Parent/Guardian 1 Name

	Phone:
	Email:
	Best way to reach you: phone call text msg email
Parent/Guardian	2 Name:
	Phone:
	Best way to reach you: phone call text msg email
Student Grade:	
Teacher:	
In case of emer	gency contact:
Name:	
Phone:	
Email:	
Persons picking	g up child other than Parent/Guardians listed above:
Name:	
Relationship:	
Relationship:	
Medical informati	ion:
List any allergies	your child has:
List any relevant	medical conditions your child has:

Anything else we should know about your child:	
Child's doctor:	
Waiver: I agree with the terms and conditions of participation in Astor Running Club here: Waiver: In consideration of being permitted to participate in Astor Running Club I, for myse heirs, personal representatives and assigns, do hereby release, waive, covenant not to such discharge Astor Run Club and Sean Coster from liability from any and all claims including to negligence of Astor Run Club and Sean Coster resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Astor Run Club and Sean Coster training program. Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, a indemnity agreement, fully understand its terms, and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional releatal liability to the greatest extent allowed by law.	e and the
Parent acknowledgement -	
Name (Print):	-
Signed: Date:	_

Anti-discrimination statement

Astor Run Club welcomes all students to join without regard to race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, status as a veteran of the Vietnam era or as a disabled veteran, learning disability or present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness.