

# St. Charles Running Club



**Hit the ground RUNNING in the 2018-2019 school year!**

**Runners will learn stretching techniques, good form and running etiquette. Focus will be on participation and personal accomplishments. The running club will culminate with the completion of the 1K Mini-Marshmallow Fun Run in Maple Grove on October 13, 2018. If you have any questions or would like to be a parent volunteer, please contact Amy Cameron at 651-472-1761.**

**When:** Wednesdays & Saturdays, September 12 - October 13, 2018

**Who:** Boys & Girls in Kindergarten – 4th

**Time:** Wednesdays, after school – 4pm and Saturdays through October 6th, 10am-11am

Saturday, October 13, 2018 at 9:30am-11am.

**Where:** Wednesdays, St. Charles (Front lawn) 2727 Stinson Blvd. N.E. St. Anthony, MN

Saturdays through October 6<sup>th</sup>, Silverwood Park (Great Lawn) 2500 County Rd E, St Anthony, MN

October 13, 2018 Elm Creek Park Reserve 12400 James Deane Parkway, Maple Grove, MN 55369

**What to bring:** Running shoes and comfortable clothes

**Cost:** \$25.00 per participant to cover the cost of club t-shirts and race registration. Please make checks payable to St. Charles School.

- **Please fill out the application below and return it to St. Charles by September 5th.**  
**(Please keep the top portion for your records. Thank you.)**

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**FAMILY INFORMATION**

Student/Participant \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Best Phone #s to Reach You During This Club: \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,

Parent or Guardian's Name Student/Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**OPTIONAL MEDICAL INFORMATION :** Please speak to your child's teacher about specific health concerns.

Medication my child is taking at present \_\_\_\_\_

Health conditions my child has \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions .**

**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Signature of Student \_\_\_\_\_ Amt Pd \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Please return this form and the \$25.00 fee to the school office by September 5th.**

**Thank You!**