



6th/7th/8th Grade Cross Country 2014



REGISTRATION:

Registration begins Monday, August 4th. Forms are available at the Kraxberger office and must be returned to Mrs. Southmayd.

FEE:

\$50.00 (no T-Shirts). ***Make checks payable to: Kraxberger Middle School or KMS.*** Cross Country is a club sports program unlike the intramural program used for volleyball and basketball, so unfortunately there are **no scholarships available**. **Students will compete at races in the metro area and one in Tillamook.**

PRACTICES:

Practices begin on August 18th at the high school track, 3:30-4:30pm. Practice will take place at Kraxberger once school begins in September. **The final three Wednesday practices will be held from 7- 8 am at Kraxberger.**

***Transportation will not be provided for practices at KMS or GHS.
The district will provide transportation for meets.***

MEETS:

Each grade level will compete at their own level. The meet schedule will be distributed by Coach Sears and is posted on the blog. The first meet will be Thursday, August 28th.

PHYSICALS:

All participants are required to have a physical examination on file **prior** to practicing or competing in any grade sport. Parents complete the medical history information prior to the actual physical. Forms for physicals are available at the KMS office. **Physicals are valid for two calendar years.**

COACHES:

Cross Country will be coached by Ms. Sears. **If you are interested in volunteering, please contact Coach Sears at 655-3636 or searsk@gladstone.k12.or.us.** More information and updates are available on the blog at kraxxc.blogspot.com.

INSURANCE:

Optional student insurance is available through the district. Forms are available at the KMS office.

Cross Country 2014

Predicted uniform size: AS AM AL AXL

Name of Participant _____

Grade _____

Address _____

City _____

Home Phone _____

Parent/Guardian Name(s) and Phone Number(s) _____

Person(s) to notify in case of emergency, and phone number(s) _____

Please note any medical problems the instructor/coach should be aware of _____

RELEASE FORM

In consideration of my participation (of my said child) in the aforementioned activities, I (we) waive and release any and all rights and claims for losses and damage that (we or our child) may have against the Gladstone School District #115, arising in any way from (the said) participation, (of our child). This release shall be binding upon our representative, successors and assigns.

In the event that I (my child) may require(s) emergency medical treatment while participating in the aforesaid activities of the Gladstone School District #115, I hereby authorize (my said child to receive) all necessary emergency medical treatment as may be necessary under the circumstances then existent.

Unless otherwise noted local ambulance service and Willamette Falls Hospital will be used.

If you wish another hospital used, please so note: _____

Dated this _____ Day of _____ 20_____

Parent/Guardian signature _____

Office Use Only

Physical on File: Yes _____ No _____ If no, will have by: _____

Amount paid: _____ Date: _____ Paid Cash: _____ Paid check # _____