

Spring 2019 Ladd Running Club (4th, 5th, 6th & 7th Grade)
BEHAVIOR CONTRACT and PERMISSION SLIP

There will be Running Club practices on Mondays and Wednesdays after school from April 15th – May 8th. Practices will go from 3:30 to 4:30. We will be running through the Shannon Park neighborhood to the church up by the intersection of Steese and Johansen. Students not walking home after practice will need to be picked up at Ladd **BY 4:30**. We are having each participant sign a behavior contract before they are allowed to participate in Running Club. This will keep each student accountable for his or her actions during practice. If the weather drops below 30° F, we will not have practice due to the possibility of ice on our route. (We will be using ww.wunderground.com as our weather source and will check it at noon to determine if there will be practice or not)

Running practices will be: April 15, 17, 22, 24, 29 & May 1, 6, 8

I, _____, will uphold my commitment to the Running Club by
(print students name)

giving 100% at each practice. I understand that this is "Running Club" and I am expected to run/jog for the entire time we have practice and not walk. Also, I will bring appropriate running gear. This means, no skater shoes, flip-flops or flats and preferably shorts or athletic pants, not jeans. I will respect the coaches, Mr. Platzke, Ms. Oestreich, Ms. Tynes, and Ms. Richmond and follow directions when told. I understand that if I have to be talked to about my behavior, effort or running attire more than once, I will NOT be allowed to be a part of Running Club for the Spring.

Student's signature

Date

classroom teacher

As this child's parent/guardian, they have my permission to join this group. I understand that if my child does not comply with the contract above that he/she will not be able to continue to be a part of Running Club this spring.

I also understand that if my child needs to be picked up from running club, they will be picked up **BY 4:30**. If children are not picked up on time, they will not be allowed to participate any longer. This is a 1 strike policy.

Parents signature

Date

Contact number _____

Please initial below on how your child will be getting home after Running Club

_____ My child will be picked up at 4:30

_____ My child can walk home at 4:30.

Names and numbers of alternate people that are allowed to pick up my child

Name

Phone Number

Name

Phone Number

PLEASE FILL OUT BOTH SIDES AND RETURN TO MS. Oestreich OR MR. Platzke



Emergency Medical Information & Activity Consent Form

For Elementary Intramural and Interscholastic Athletics

Name of Activity	Student Name
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Parent/ Guardian Permission to Participate:

I hereby give permission for the above-named student to engage in Fairbanks North Star Borough School District approved Elementary intramural and interscholastic athletic activities.

I understand that the Fairbanks North Star Borough School District does not carry insurance for accidental injuries sustained in Elementary intramural or interscholastic sports events.

Parent/ Guardian Medical Consent:

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, qualified athletic trainer, other qualified medical professional or hospital in the event of an injury or illness. I hereby accept financial responsibility of the above student in the event of injury or illness. I hereby waive on behalf of myself and the above student any liability of the Fairbanks North Star Borough School District and its offices, agents, or employees for injuries sustained in the interscholastic program.

Parent/ Guardian and Student Rule Awareness Verification:

I have read and understand the rules, regulations, policies, and responsibilities as stated in the district's Student Rights, Responsibilities & Behavioral Consequences Handbook and the penalties for violation of them. I understand and accept these rules, regulations, policies, and accompanying penalties as conditions for participation.

Parent/ Guardian and Student Risk Awareness Verification:

I understand and acknowledge that organized athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

Student Hazing Awareness Pledge:

I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from the team and/or school for any incident as a result of my participation or being an idle witness.

EMERGENCY MEDICAL AND CONSENT INFORMATION

Student Name		Parent/ Guardian Name for above-listed student	
Mailing Address		Residence Address	
Parent/ Guardian Phone #s	Home Phone	Work Phone	Cell Phone
Emergency Contact if parent/ guardian is not available:	Name of Contact		Phone
Name of Student's Medical Doctor			Phone
Name of Student's Dentist			Phone
Name of Insurance Co.		Policy Number	
Any Medical Conditions?			
Any Medications?			
Any Allergies?			
<p>In case of any medical emergency, I authorize a school district employee or agent to take my son/ daughter to the nearest medical facility for necessary treatment. We, the undersigned, acknowledge that we have read and understand all aspects of this form, including all the above parts and grant permission and consent as required. I verify that the information provided is true and complete.</p>			
Parent/ Guardian Signature		Student Signature	
Date		Date	

8/9/16

White: School

Yellow: Sponsor

Pink: Nurse

Goldenrod: Parent