



# The Watershed School Elementary X-Country Running Club

## 2019 Information Packet and Registration Form

### Enrollment

Enrollment in Watershed’s elementary running club is limited to 50 runners in 2<sup>nd</sup> – 6<sup>th</sup> grades\*\*. Enrollment is first come, first served. Before being admitted to the club, students and parents must submit the following:

- Running Club Permission Form
- Activity Consent and Medical Information Form
- \$35 Running club fee (checks payable to The Watershed School)
  - *Includes SHOCK green polypro Watershed School shirt for RACES!*
- Running club fees help us recover some of the cost of coaching and busing to races.

\*\*If a student is grades K-1, **a parent or guardian must be present** at all practices and run with their child unless otherwise cleared by a coach. Students in the K-1 group who are running with their parents are not required to pay the \$35 running club fee.

### Practices

All practices will be held on **TUESDAYS from 3:45 – 5:00 pm at the UAF ski trails**. There will also be one practice on **Thursday, August 29**. We will meet at the ski hut near the Geophysical Institute. Parents are responsible for finding transportation for their children from Watershed to UAF. **Students must check out with a coach before leaving the UAF ski hut area.**

### Races

Races do not typically start until 5:30. We will provide busing to races, but parents are responsible for transporting their children home from the race site. The only exception to this is the Salcha race. **We will provide busing from Salcha back to Watershed on the evening of September 19.** Students must check out with a coach before leaving race sites. The race schedule below is tentative and subject to change.

### Schedule

Date	Activity	Location	Time
Tuesday, August 27	Practice	UAF Ski Hut	3:45-5:00
Thursday, August 29	Practice	UAF Ski Hut	3:45-5:00
Tuesday, September 3	Practice	UAF Ski Hut	3:45-5:00
Thursday, September 5	Race	Birch Hill	5:30pm
Tuesday, September 10	Practice	UAF Ski Hut	3:45-5:00
Thursday, September 12	Race	Chena Lakes	5:30pm
Tuesday, September 17	Practice	UAF Ski Hut	3:45-5:00
Thursday, September 19	Race	Salcha	5:30pm
Tuesday, September 24	Practice	UAF Ski Hut	3:45-5:00
Thursday, September 26	Race	Chena Lakes	5:30pm

## Other Requirements

- Parents need to be at the UAF West Ridge Trails at 5:00 to pick up athletes. Failure to pick up runners on time may result in loss of running club privileges.
- Students or their parents must check out with a coach before leaving practices or races.
- Athletes must be appropriately dressed (no jeans) to run in all weather conditions (we will run in the rain). Running shoes are a must.
- Athletes must be respectful of other participants, parent volunteers, and coaches. Athletes who cannot behave appropriately will lose their running club privileges.
- Please send your child with a healthy snack and a water bottle on race days. We'll be waiting at school for almost an hour and a half before boarding the bus.

## More Race Information

### DRAFT Race Schedule

#### **THURSDAY, Sept. 5 at BIRCH HILL (HOSTED BY U-PARK)**

We will be using timing, bibs, and providing shuttle buses for parking.

We would appreciate a \$2 donation per runner to help defer costs. Thank you.

Kindergarten, 1st, 2nd grade boys and girls	2.0 K	5:30 p.m.
Girls 3rd - 6th grade Start Time	3.0 K	6:00 p.m.
Boys 3rd - 6th grade Start Time	3.0 K	6:30 p.m.

#### **THURSDAY, September 12 at CHENA LAKES REC AREA**

K-2nd Girls Start Time	1.8 K	5:30 p.m.
Boys K-2 <sup>nd</sup>	1.8 K	Immediately following the K-2 <sup>nd</sup> Girls race
Girls 3rd-6th	2.8 K	Immediately following the K-2 <sup>nd</sup> Boys race
Boys 3rd-6th	2.8 K	Immediately following the 3 <sup>rd</sup> -6 <sup>th</sup> Girls race

#### **THURSDAY, September 19 at SALCHA ELEMENTARY**

Kindergarten, 1st, 2nd grade boys and girls	2.0 K	5:30 p.m.
Girls 3rd - 6th grade Start Time	3.0 K	6:00 p.m.
Boys 3rd - 6th grade Start Time	3.0 K	6:30 p.m.

#### **THURSDAY, September 26 at CHENA LAKES REC AREA**

Kindergarten, 1st, 2nd grade boys and girls	2.0 K	5:30 p.m.
Girls 3rd - 6th grade Start Time	3.0 K	6:00 p.m.
Boys 3rd - 6th grade Start Time	3.0 K	6:30 p.m.

**Parking is very crowded so please car pool or BUS to the meets.** Please ensure all students have transportation to and FROM the meets arranged in advance. There will be shuttle buses available from the lower parking area up to Birch Hill.

Each host will set the guidelines for their own event. Distances are approximated.

# 2019 Watershed Running Club Permission Form

Complete and return to the office with Activity Consent Form and \$35 running club fee

\_\_\_\_\_ has permission to take part in the Watershed's Elementary Running Club.  
(name of student)

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Parent or guardian name (print)

Parent or guardian signature

Phone numbers:

\_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Cell

We are looking forward to a fun season!

Sincerely,

Watershed Running Coaches

**Parents are responsible for any medical concerns or conditions they are aware of for their child(ren). If you are concerned about allergic responses, asthma or any other conditions please ensure you discuss concerns and appropriate medications for your runner with coaches.**



# Emergency Medical Information & Activity Consent Form

## For Elementary Intramural and Interscholastic Athletics

<b>Name of Activity</b>	<b>Student Name</b>
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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 give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above-named student, by a physician, qualified nurse, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. Further, I hereby waive, on behalf of myself and the above-named student, any liability of the School District, its agents, or employees arising out of such medical treatment.

**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 (PLEASE PRINT CLEARLY)**

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?			
<b>In case of any medical emergency, I authorize a school district employee 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.</b>			
Parent/ Guardian Signature		Student Signature	
Date		Date	