

# **2017-2018 BAYSHORE CROSS COUNTRY**

## **BAYSHORE PARENTS**

Bayshore Cross Country Running Club will be starting up again this year! By being a part of the team, your child will learn how to run for fun as well as building up their cardiovascular system and strengthening their overall health. Plus, it's a great chance to socialize with other students and make great friendships in school and across the city. Please read the following information and have your child turn in a permission slip before they participate in this activity.

### **PRACTICE:**

Practice will be on the following days: **Mondays and Thursdays**

**-Starting day is Monday, August 28 through Thursday, September 21. K-1 will start on Wednesday, August 31. {Aug 28, Aug 31, Sep 7, Sep 11, Sep 14, Sep 18, Sep 21**

**-Time: 3:30-4:15** \*You must pick your child up on time!!! If a parent is late twice, the child will be released from running club. Our coaches have other commitments and therefore need to be done on time.

**-What to wear?** Runners need to have a good pair of running shoes that are NOT their gym shoes. They should also wear a light pair of sweatpants or shorts for practice. **Absolutely no jeans or non-running shoes will be allowed.** Bad shoes can cause blisters and foot problems and jeans significantly slow down the runner.

-They will get 5-10 minutes to dress at 3:30. Please make sure they are prepared each day for practice.

### **WHO CAN RUN CROSS COUNTRY?**

Anyone in grades 1-6 can run.

### **\*KINDERGARTEN**

**If your child is in Kindergarten, a parent MUST BE at EACH PRACTICE.** It can seem a little intimidating for some of the young ones and having you there will help ease their tension.

**Parents** are welcome to come to each practice and run with the kids. I encourage all parents to participate in their child's activity.

### **PARENT VOLUNTEERS**

Parents are encouraged to volunteer! If your child is running Cross Country and you want to help volunteer with the program, I would be happy to have you.

-If you would like your child to sign up or you want to volunteer, or both, please fill out the form and get it back to me as soon as possible. I look forward to seeing you on the 28<sup>th</sup>!

Thank you,  
Ms. Resheske

## **RACE SCHEDULE**

1. Saturday September 16<sup>th</sup>  
Kincaid Coyote Classic  
At Kincaid Elementary

Race Time: K-2: 10am  
3-4: 10:30a  
5-6: 11a

2. Saturday September 23<sup>rd</sup>  
South Elementary Jamboree  
At Service High School  
Register with Ms. Resheske, or on site at 9:30a.m.

Race Times:  
K-2 Girls 10a.m.: K-2 Boys 10:20a.m.  
3-4 Girls 10:40a.m.: 3-4 Boys: 11a.m.  
5-6 Girls 11:20a.m.: 5-6 Boys: 11:40a.m.

3. Optional Running Opportunities  
Every Tuesday night the municipality of Anchorage puts on Bonnie Sosa Tuesday Night Race series. Check out [www.muni.org/Active](http://www.muni.org/Active) for registration information. These runs start on Tuesday September 12<sup>th</sup> and end with a potluck and awards banquet on October 31<sup>st</sup>.

## 2017-2018 Cross Country

My child has my permission to sign up for the Bayshore Cross Country Running program. I understand that practices are on Mondays and Thursdays, and that I must pick my child up by 4:15p.m. each day or they could be dropped from the program.

**Child's Name:**

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**Grade and Teacher:**

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\_\_\_\_\_ **Yes I would like to be a volunteer**

**Name:**

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**Contact Phone #:** \_\_\_\_\_

\_\_\_\_\_ My child will be walking home or going to the YMCA

\_\_\_\_\_ My student will be picked up by:

\_\_\_\_\_ Phone: \_\_\_\_\_

It is agreed that the student will abide by all rules and regulations of the School District Authorities.

I/we consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my student by a medical professional or medical facility in the event of injury or illness while he/she is participating in Cross Country. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we also understand that insurance coverage is my responsibility.

**I understand that the District does not provide students with accident insurance, however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.**

**Parent's Signature: (I am agreeing to pick up my child at 4:15p)**

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**Emergency Contacts:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_