



Twelve Bridges

Elementary

## Running Club

Every Monday starting April 17th-May 22nd

1:40-2:40pm meet at the amphitheater.

All K-5th graders can participate but kindergarteners will need a parent/guardian there to help.

**\* Students without a completed Athlete Information Form on file will NOT be allowed to run. \***

The Running Club will start each practice with a group warm-up.

We will have a few running courses around the school and the surrounding trails. Students will be with an adult at all times when they are off campus. We will also have relays and games to increase our speed. We will start with running/walking 1 mile and build up our endurance.

**\*\* No running experience is necessary! \*\***

Our goal is to be able to have students and their families run at our NICU Babies 5k run on May 20th.

### Parent Volunteers needed

(Parents must be finger-printed through the school)

\*Volunteers will be running with students and helping mark off laps

Organizer: Rachel Ludlow

If you have any questions or would like to volunteer email:  
rachelludlow@hotmail.com

The Club is a **FREE** program for our students. We will be creating **Tiger Tracks** running club t-shirt that will be optional to purchase.

**\*Please fill out Athlete Information form and money if purchasing a t-shirt and return to your teacher\***

## \*Athlete Information

**Athlete's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Are you able to volunteer?** \_\_\_\_\_

**Health Concerns/Allergies:** \_\_\_\_\_

**Would you like to purchase a Tiger Tracks T-shirt for \$10? If so what size?** \_\_\_\_\_

Waiver: In consideration of participation in the program I agree to assume all risk of injury and liability to my child and/or myself and any and all risk of damage or loss of property arising from the participation of this program. I hereby waive and release and forever discharge the volunteers, sponsors, and school for any injury, damage, loss, claim or liability which may arise from the participation in this program.

PHOTOS: I grant approval for the organizers to take photographs of my child during **Tiger Tracks** activities and use them solely to celebrate **Tiger Tracks**.

**Parent Signature:** \_\_\_\_\_

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

**Athletes:** Sign here to show that you want to have fun, be positive, and participate in the Running Club!

**Athlete Signature:** \_\_\_\_\_

Medical Clearance Certification: (To be completed by student's physician)

\_\_\_\_\_ (Athlete's name) is \_\_\_\_\_ is not \_\_\_\_\_ medically cleared to participate in this activity.

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

**Physician Signature**

**\* School Fax Number: (916)434-5201**