

2019

St. John's Coed 5th - 8th Grade Cross Country Information

- Practice will begin on Tuesday, September 10, 2019.
- Practices will take place on Tuesdays and Thursdays from 3:30 - 4:30.
- **Students not picked up by 4:35 p.m. will be sent to Aftercare.**
- Meets may occur any day of the week Monday through Friday.
- Students may participate on cross country and play soccer. Students will attend one practice for each activity weekly. The schedule will be set by the Athletic Director.
- Equipment needed: All players must provide their own t-shirts, shorts, sweats, socks and running shoes.
- Meet courses are typically 2.1 miles.
- Uniforms will be provided. Uniforms must be returned at the conclusion of the season. Students will be billed for any unreturned or damaged uniforms.
- Typically, practices will be held indoors in the case of inclement weather. As decisions are made regarding cancellation of practices or meets, a message will be left on the **Sports Hotline 301-774-6804 x 185**.
- Please check the St. John's website for meet schedule, meet changes and directions.
- Approximate pick up times and class dismissal times will be announced in advance
- Changes may occur for reasons other than weather.
- To register, please complete the attached form and return with payment for **\$125** to the front office by August 16, 2019. Keep this flyer for future reference.
- Any questions, please contact Risto Worthington, risto.worthington@stjes.org, or 301-774-6804 x 196





Office Use:
Name _____
Check # _____
PMOF _____
Amt. Pd. _____
Date _____

**CROSS COUNTRY
FALL2019
REGISTRATION FORM**

I/We, the parents of the undernoted student, hereby give my/our approval for his/her participation in any and all St. John's activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless St. John's Episcopal School, its organizers, sponsors, participants and persons transporting my/our son/daughter to or from activities, for any claim out of injury to my/our son/daughter. I/We assume responsibility for the administration of all medications to my/our son/daughter during these activities. It is the responsibility of the parent to discuss medical conditions and provide medications and administration procedures with your child's coach. Medications maintained in the health room at St. John's Episcopal School are for use during the school day and are not available for use in after school activities.

Parent/Guardian Signature: _____

Please Print:

Parent 1 Name: _____ Phone: _____

Parent 2 Name: _____ Phone: _____

Player Name: _____ Grade: _____

Please list any allergies or medical conditions the staff may need to know in case of an emergency:

There are occasions when we need help transporting athletes to events. If you may be available, please indicate below.

Yes _____ No _____

_____ Check for \$125 made out to St. John's and returned with the registration form to the front office by August 16, 2019. **Your cancelled check is receipt of your form.**

_____ Please use preferred method of payment on file.

Total Enclosed = _____ Please return to front office by August 16, 2019.

Questions: Please call Risto Worthington at 301-774-6804 x 196 or e-mail risto.worthington@stjes.org