HCCPS Running Club 2014



Running Club is open to students in the 4th, 5th, 6th, 7th, and 8th grades at HCCPS. During our season we run for fun, speed and endurance. We also focus on goal setting and creating ways to get to our goals. During practice we do a variety of games, drills, relays and runs on fields, roads and trails that help us to reach our goals. We are looking to build a positive and motivated team that encourages everyone to do their best!

Practices and most meets are held on Tuesday and Fridays from 3:00 PM – 5:00 PM starting September 16, October and early November. We are a "challenge by choice" team in which the runners may choose and are encouraged to participate in a few cross-country meets. Dates and times of meets will be forthcoming. Please note: only 5th-8th grade runners are allowed to compete in meets.

Practice and sign out/pick up will meet in the all school space and from there practice locations will vary from industrial parkway, the bike path, and in the parking lot behind the school. We rarely cancel practice and we will run in the rain and cold, so please dress for the weather. We will not run if thunderstorms threaten. If we cancel, we will email parents by noon of the practice day.

EQUIPMENT NEEDED:

- running shoes that fit well (NO street sneakers-converse, etc. If you have questions on what shoes are appropriate, please do not hesitate to ask!)
- socks (extras are encouraged)
- loose fitting shorts or sweats (no jeans, tight shorts, or other long pants)
- t-shirt (Hilltown uniform tshirt or team colors only)
- water bottle
- optional: stopwatch, cap, running flats/spikes (if bringing spikes PLEASE bring sneakers as well)

RUNNING CLUB MEMBER RULES:

- Come to practice on time and dressed appropriately
- Follow directions and safety precautions given by your coaches during all Club activities
- Treat team members, coaches, volunteers and yourself with respect, in accordance with the school's Community Compact
- In the event of illness, injury or planned absence, notify before practice at 3:00 PM

To participate in the club, students must sign an agreement and parents must sign a permission form and contribute a \$60 activity fee payable to HCCPS. The fee is waived for students participating in the free/reduced lunch program. Parents, please consider doing some of your volunteer hours at practices and meets.

Happy running!
Sadie Graham
sgraham@hilltowncharter.org

Running Club Permission Form 2014

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STUDENT:	l,		(print name), hav	е
			n. If I do not comply with the rules, I	
Signed:			Date:	
to practice and Charter Public prevent him/he understand tha opportunity to p	I compete in a cross-country run School. My child has no outsta er from engaging in these activiti at if my child does not abide by t	ning program sp nding medical is es or that would he rules of the F	consored by Hilltown Cooperative sues or chronic injuries that would compromise individual health. I also Running Club, he or she may lose the an: inhaler Y N epi-pen Y N	
Signed:			Date:	
	RUNNER'S T-SH	IIRT SIZE: Plea	se circle one:	
	Youth Medium		Youth Large	
	Adult Small	Adult Medium	Adult Large	

September Tuesdays	September Fridays	October Tuesdays	October Fridays
9/16	9/19	10/7	10/3
9/23	9/26	10/14	10/10
9/30		10/21	10/17
		10/28	10/24

TURN OVER FOR MORE INFORMATION!!

November Tuesdays	November Fridays	
11/4	11/7	
Veterans Day No School	11/14 Celebration!	

Please return this form and the \$60 activity fee payable to HCCPS to the folder marked "Running Club" in the Completed Forms Box in the main office.

PRE-PARTICIPATION HEAD INJURY CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form needs to be completed by the student-athlete's parent(s). It must be submitted to the Coach, along with the other registration forms, *prior* to the start of EACH season a student-athlete plans to participate in an extracurricular athletic activity.

Student-Athlete's Name	Grade	
Sex (F M) Date of Birth	Sport	
Phone Numbers (H)(W)	(C)	
What is the date of the athlete's most recent phys	ical?	
Has student-athlete ever experienced a traumatic	head injury (a blow to the head)? Yes No	o
If no , skip next section and both parent/guardian an If yes , complete section below and then both parent/	· ·	
•Date(s) of injury(ies) (month/year):		
•Please describe the circumstances for each incident	: (if necessary, use separate sheet of paper)	
Was student-athlete diagnosed with a concussion	on? Yes No	
• If yes, when? List dates (month/year):		
 Duration of Symptoms (such as headache, difficulties) concussion: 	ulty concentrating, fatigue) for most recent	
• Has most recent concussion occurred after stude	ent-athlete's most recent physical? Yes N	No
• If yes, <i>Post Sports-Related Head Injury Me</i> (Form #5) must be on file for student-athlete to par		
Student-Athlete Signature	Date	
Parent/Guardian Signature	Date	