

Cross Country K-7th Grade



Season: **Tuesday, August 14– Late October**

Practice Schedule: **Mondays and Tuesdays**
3:15 – 3:45 (No Practice on School Holidays)

Team Fees: \$40 registration fee
\$16 jersey fee (if not purchased previously)

Meets Location: Most meets will be held on Thursday afternoons at
St Thomas Aquinas High School
Hammond, LA

Practice Attire: T-Shirt, Shorts, Socks, and Running Shoes

Meet Attire: Issued Uniform Shirt, Navy or Black Shorts, Socks, and Running Shoes

Registration Deadline: Thursday, August 16th

This year during Cross Country the athletes will learn proper running mechanics, effective race tempo, and increase strength and conditioning. My goal is for the team to participate in several meets throughout the season and encourage the team to participate in local races on the weekend. Weekly recreational running is highly recommended to improve endurance and speed. Questions: Please contact Morgan Spencer at [mspencer@cedarwoodschooL.com](mailto:m Spencer@cedarwoodschooL.com)

*Please note- in order to be a part of the team, and to be eligible to be recognized in the spring athletic banquet, athletes must participate in at least 75% of league sanctioned events.

-----Cut out and return to school-----

K -7th Grade Cross Country Registration

Athlete's Name: _____ Grade: _____

Parent's Name: _____ email: _____

Volunteers are needed for Cross Country practices and meets. Would you volunteer?

Assistant Coach: _____

Meet Tent & Water Organizer: _____

My athlete has permission to be a member of Cedarwood's Cross Country team. I understand that participation on the team is a commitment and my athlete will attend weekly practices and scheduled meets. My athlete also has permission to attend away meets. I understand that it is my responsibility to see that my athlete is safely transported to each meet and picked up after each practice/meet. I understand that my athlete must attend school on the days of practice and meets in order to participate in that day's scheduled practice/meet. I understand that this school activity will be directly conducted and supervised by the coaching staff or volunteer staff of Cedarwood School. In the event of an emergency, I understand that the school will make an immediate attempt to contact a parent. If a parent cannot be reached, the emergency numbers on my child's record will be called. If this fails, the director or teacher on duty will take the child to the doctor on record or to the nearest medical facility.

Parent Signature _____ Date _____