Time to RUN 

**Limestone Walters Co-op XC Program**

FOR WHO: all **5th – 8th** graders in the Co-Op XC program:

1. Monroe
2. Norwood
3. Oak Grove
4. Walters
5. Hollis
6. Bartonville

WHERE: LCHS (high school) MAIN ENTRANCE (the big cement **L**)

 You will need to coordinate rides. We have parents from each school who are willing to help.

WHEN: We will start **Monday July 31st. Practices will be Tuesday, Thursday, and Friday at 7am until Aug 15th.**

After that time, practices will be **Monday, Wednesday, and Thursday from 3:30PM TO 4:30PM**

WHO WILL TRAIN US? Coach Hurst:**jhurst@limestone310.org**(309)840-0899

WHAT DO I NEED: A good pair of running shoes and a current school sports physical

Bring a good attitude and be ready to work hard!

Important dates:

|  |  |  |
| --- | --- | --- |
| DATE | TIME | LOCATION |
| 8/21 - Tuesday | 4:30 | Parent Meeting LCHS Cafeteria  |
| 8/23 - Thursday  | 4:30 | Pekin Invite |
| 8/28 - Tuesday  | 4:00 | Washington Invite |
| 9/4 - Tuesday  | 4:00 | El Paso |
| 9/11 - Tuesday  | 4:00 | Warrior Invite |
| 9/21 - Friday | 4:00 | Dunlap invite @ Detweiler |
| \*9/27 - Thursday | 4:30 | Alpha Park (Our Invite!) |
| \*9/29 - Saturday | 9:00 | Muffley School Decatur IL |
| 10/6 - Saturday | 10:00 | Sectionals TBA |
| 10/13 - Saturday | 9:30 | Maxwell Park, Normal IL (State) |
| 8/21 - Tuesday | 4:30 | Parent Meeting LCHS Cafeteria  |

\*4th graders can run!

Please fill out and return to Coach Hurst

Student athlete name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial and sign at the places indicated**

\_\_\_ My child has an up-to-date physical at their current school.

\_\_\_ I will have my child on time to all practices.

\_\_\_ I will ensure that my child is eating properly and getting enough nutrients in order to participate.

\_\_\_ I will ensure that my child is drinking PLENTY of water (eliminate soda if possible).

\_\_\_ I understand that my child will be using crosswalks in order to go to Alpha Park. I will ensure that my child understands and knows how to cross a street properly.

**Off Campus Practices and Road Running Waiver Form**

I hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to compete in Limestone Walters Co-Op approved off campus practices.

I release Limestone Walters, all Co-Op schools involved in the program, and all its employees and representatives of any liability for my son/daughter as a passenger in a private passenger vehicle for any injury or loss which may occur in transit to and from any practices.

Before a student will be allowed to run on the streets and roadways for athletic training, this waiver must be signed by both the student and his/her parent or guardian.

I hereby give consent for my son/daughter to participate in any athletic conditioning and training programs which may include running off school premises.

I realize that my son/daughter is responsible for using safety precautions in running on the streets and roadways.

I understand that my son/daughter had been informed of appropriate safety rules, including information concerning possible injury and/or death.

Limestone Walters and all Co-Op schools assume no liability for such injuries or death in case of accident.

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Student Signature Date

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Parent Signature Date