

**McCARVER Cross Country Team
Permission Form**

Dear Parents/Guardians,

Your son or daughter is interested in participating on the McCarver Elementary Cross Country Team. Participation is FREE! We will have practices during designated lunch recesses and immediately after school on designated days. After school practices will run from 3:30-4:30pm on Tuesdays. Lunch recess practices will be on Mondays, Wednesdays, and Thursdays. Practices will begin Monday, Sept 24, 2018.

Afterschool Practices (3:30-4:30)

Tue Sept 26 @ McCarver
Tue Oct 2 @ McCarver
Tue Oct 9 @ McCarver
Tue Oct 16 @ McCarver
Tue Oct 23 @ McCarver

Meet Schedule

Friday, Sept 28 4:30pm @ TBD
Friday, Oct 5 4:30pm @ TBD
Friday, Oct 11 4:30pm @ TBD
Saturday, Oct 20 (All City) 10am @ Mt Tahoma-***
All City X-Country Championships ***

****Travel to & from the meets will be a Parent/Guardian responsibility. Also after school practice at 4:30 a Parent/Guardian should pick their student athlete if needed.**

Lunch Recess Practices

Sept 24, 26, 27 @ McCarver
Oct 1, 3, 4 @ McCarver
Oct 8, 10, 11 @ McCarver
Oct 15 @ McCarver
Oct 22, 24, 25 @ McCarver

If students cannot attend practice, students need to let Mr. Colter know as early as possible.

As representatives of our McCarver school, cross country team members must always follow and demonstrate our S.O.A.R. principles. Students must maintain satisfactory academic progress with their schoolwork to maintain their eligibility. I will monitor progress with the athletes' classroom teachers.

Students will be required to dress in appropriate clothes and shoes. Students will have time to quickly change after school before practice. Students should wear comfortable shoes that are suitable for running. Students need to be prepared and dressed to participate in adverse weather conditions if necessary.

Cross country events do include risks because they involve motion, rotation, weight bearing, and movement over uneven and varied surfaces. Due to the nature of this sport accidents may occur and risk of injury does exist. However your child's participation in these activities will be supervised and monitored as appropriate. If you have any questions regarding the cross country program, please contact me at school (253) 571-4913 or wcolter@tacoma.k12.wa.us.

If you approve of your child's participation in the cross country program please sign below and return. **NO ONE** will be allowed to practice until the permission form is returned. Permission forms need to be returned by the first practice -Monday Sept 24, 2018.

Sincerely,
Mr. Colter

(Return the bottom portion---keep the top half)

I, the parent/guardian, have read this permission form and understand its content. I realize that an element of risk is involved in cross country. I give permission for _____ (Student's name) to participate.

(Signature of parent/guardian)

(Date)

Does your child have a medical condition that may interfere with his/her participation? Yes ___ No ___

I, the student, have read and understand the permission form. By signing this form I recognize the importance of following directions from the coaches regarding safety rules, skill techniques, warm-up procedures, etc. and agree to obey such instructions.

(Signature of student)

(Date)