

# Cross Country Running at Sutherland

Middle School Sports Program Sponsored by Albemarle County Parks and Recreation

**\*Return form and \$50 (cash or check made to Albemarle County) to Ms. Davis at Sutherland**

**Dates: Sept 9 – Oct 12, 2019**

**Mondays & Wednesdays 4:10pm – 5:30pm**

**Cross Country Meet – Oct 12 10am Darden Towe Park**

**Cross Country Running:** Running will be around Sutherland, Hollymead and neighborhood trails.

**Running will be canceled if inclement weather. Please listen to afternoon announcements.**

**Please Pick-up your children in front of the school after practice. Thanks!**

**\*Questions talk to Ms. Davis at Sutherland or call Joe Clark at Parks and Rec. #296-5844**

### Program Rules & Registration

- ❖ Participants must be a student at Sutherland Middle School. This program is co-sponsored with Albemarle County Schools & Albemarle County Parks & Recreation.
- ❖ Participants must follow school rules as well as rules set-up by the coach/supervisor.
- ❖ Parents must realize that the coach/supervisor has the authority to suspend any individuals from the program if this action is determined to be in the best interest of the overall program. No refund if the participant is suspended from the program.
- ❖ Parents must pick-up their children by 5:30pm. A late fee of \$15.00 will be charged if pick-up is at 5:30pm or later. This fee must be paid to the coach/supervisor before the participant can return.

(Please return bottom half of form with payment & keep top half for your records.)



## Cross Country Running at Sutherland Sept 9 – Oct 12, 2019

Please Circle Adult T-Shirt Size: Small Medium Large X-Large 2XL

Participant Name: \_\_\_\_\_ Sutherland Grade (circle one) 6 7 8

Parent's Email: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Please list any medical conditions that we should know: \_\_\_\_\_

- ❖ The parent/guardian authorizes the Sports Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent/guardian releases Albemarle County and its officers, agents and employees from liability that might be incurred during the course of the activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash Or Check # \_\_\_\_\_