

CROSS-COUNTRY SUMMER CONDITIONING PROGRAM



The Cross-Country Booster Program will be offering a summer conditioning program to help get ready for the start of the fall season. All students who will be in grades 7-12 (2019-20) school year are eligible to participate in this program. You will have an opportunity to participate in running and strength training activities.

The conditioning program will run from **June 10 through August 9** (Monday, Wednesday and Friday from 8:00 am – 10:00 am) @ Knoch HS (Monday) then at SEBCO (Wednesday) & RAILS to TRAILS (Friday) ****to beat the heat and you have the rest of the day.*** The cost of the program is **\$75** per family. Please make checks payable to Knoch Cross-Country Booster.

- FOR THIS PROGRAM TO TAKE PLACE WE NEED A MINIMUM OF 15 RUNNERS SIGNED-UP.

Practice schedule will be e-mailed out once returned and is subject to change.

APPLICATION – REGISTRATION FORM

RETURN this portion to Coach Brahler in person or by mail by June 1, 2019.

WESS BRAHLER – Knoch Middle School
754 Dinnerbell Road
Saxonburg PA 16056

Questions email or call – brahlerw@southbutler.net
(412) 603-1999

FIRST NAME

LAST NAME

ADDRESS

CITY

ST

ZIP CODE

ATHLETE CELL NUMBER / CELL SERVICE PROVIDER

M _____ F
GENDER

GRADE 2019-20

DATE

PARENT SIGNATURE

T-SHIRT SIZE: ADULT - S M L XL XXL

PARENT E-MAIL ADDRESS

PARENT CELL PHONE NUMBER

- PLEASE COMPLETE ATTACHED EMERGENCY FORM AND WAIVER

CROSS-COUNTRY SUMMER CONDITIONING PROGRAM

SOUTH BUTLER COUNTY SCHOOL DISTRICT

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

I/We, as parent(s) or legal guardian(s) of _____, hereby release and hold harmless the South Butler County School District, its Directors, Administrators, and employees, from any and all liability related to my/our child's voluntary participation in the trip to _____ which has been organized and sponsored by the _____. I/We understand, acknowledge and agree that this trip is not a School District sponsored trip; that the School District makes no representations regarding the purpose or appropriateness of the trip; that there are inherent risks associated with the trip; that I/we have investigated and fully understand the risks associated with my/our child's participation on the trip; that my/our child's participation on the trip is completely voluntary; that my/our child's failure to participate on the trip will not limit his or her right to participate in school sponsored activities; and, that I/we are under no obligation to consent to my/our child's participation on the trip.

Further, I/we understand, acknowledge and agree that the School District has no financial obligation with respect to any aspect of this trip; that I/we are solely responsible for all costs associated with my/our child's participation in the trip, including, but not limited to, medical, emergency and unanticipated expenses; that my/our child's fees/costs are not to be used to compensate any sponsor/advisor/chaperone or to pay for any of the sponsor's/advisor's/chaperone's trip related expenses; that I/we have been advised that the School District does not guarantee any aspect of the trip, including, but not limited to, the safety or security of the participants while on the trip in question; that while not a school sponsored or funded trip, all school rules and policies are in effect and must be adhered to by all participants; and, that it is my/our responsibility to investigate all aspects of the trip, including, but not limited to, the destination, participants, sponsor, chaperones, travel agent, and all matters related to the safety and security of the child.

I/We understand and agree that by signing this Agreement, I/we are legally bound by the terms of this Agreement; and, that the School District may rely upon my/our representations as contained herein.

Parent

Date

Parent

Date

Student (if 18 years of age or older)

Date

South Butler County School District EMERGENCY FORM

Please complete and return this form tomorrow to the homeroom teacher.

Grade: _____ Homeroom: _____

STUDENT'S NAME:

Last First Middle Preferred
Male: _____ Female: _____ Date of Birth: _____

Address: _____ Preferred phone: _____
Street City Zip

Parent Email: _____ Parent email #2: _____

List known medical problems, allergies, reactions, and treatments:

Physician: _____ Telephone: _____ Dentist: _____ Telephone: _____

Mother's Name: _____ Telephone: _____ Father's Name: _____ Telephone: _____

First preferred contact:

Mother Father Stepparent Guardian Other

Area Code and Telephone Number

Home _____
Cell _____
Work _____

Last First

Place of Employment: _____

Address (if different from student's): _____

Second preferred contact:

Mother Father Stepparent Guardian Other

Area Code and Telephone Number

Home _____
Cell _____
Work _____

Last First

Place of Employment: _____

Address (if different from student's): _____

ALTERNATE EMERGENCY NUMBERS: (if parent/guardian cannot be located):

1. _____
Name Address Phone No.

Relationship: _____

2. _____
Name Address Phone No.

Relationship: _____

Names and grades of your other children:

1. _____ 2. _____ 3. _____ 4. _____
Name/Grade Name/Grade Name/Grade Name/Grade

Use the space below for additional information or custody schedules.

Signature of Parent or Guardian

Date