

Sept. 12, 2017

Dear Parents/ Guardians,

Fall Cross Country practices begin this week. Practices will be Wednesdays and Fridays starting Wed. Sept. 13. Thank you to our fabulous parent coaches who continue to train, inspire and motivate our kids! *We are looking for any parent who wishes to join the coaching team and help out. Please let me know if you are available: jnicolson@sd61.bc.ca*

Practices will take place at 8:00 am, and we have a **new location**. Please drop your child off at **Pemberton Park (Gonzales Rd, across from the path to EMJS)**. Make sure your child brings plenty of water, and is wearing appropriate shoes for running.

The meets start at **3:45 pm** and are as follows:

Mon. Sept. 25	TBA
Mon. Oct. 2	TBA
Tues. Oct. 10	TBA
Mon. Oct. 16	TBA

City Finals Mon. Oct. 23, 1:00 – 3:00 Beacon Hill All Weather Playing Field

Parents will be responsible for arranging rides for their children, to and from the meets. Please make sure you pre-arrange where your child should be dropped off after the meet. We encourage car-pooling. If you would complete the following form with your name, e-mail address, phone number, and your availability for driving, we will distribute this to everyone on the list to assist in arranging rides. All names & numbers/e-mails will be included on the distribution list so please indicate if you wish me not to include your number/e-mail. **Drivers, please make sure you have filled out the volunteer driver form in the school office, as well as applied for a driver's abstract and criminal record check.** Sorry, but we will be unable to arrange last minute rides for students who have not pre-arranged a ride.

****** Please e-mail, phone, or send a note indicating who is driving your child to/from the meets. ******

Water bottles are recommended at meets. Also, runners should wear shorts if possible, and a school jersey (which will be handed out before the first meet, and will need to be returned after Oct. 23).

Please complete both sides of the form attached, and return it to school by Wed. Sept. 20. Students will need to have a waiver handed in to participate in meets. We look forward to another successful season of Cross Country running!

J Nicolson, N. Strong (Sponsor Teachers)

I give permission for my child, _____, to participate at the Fall Cross Country meets.

parent's signature

parent's printed name

phone number

e-mail address

I can drive to/from the following meets:

_____ Mon. Sept. 25 TBA

_____ Mon. Oct. 2 TBA

_____ Tues. Oct. 10 TBA

_____ Mon. Oct. 16 TBA

_____ Mon. Oct. 23 (1 – 3) Beacon Hill All Weather Playing Field

I have _____ spaces for children (including my own) in my vehicle, and have filled out/updated the volunteer driver form in the office, as well as having a drivers abstract and criminal record check.

Fall Cross Country Medical

September, 2017

Dear Parents/Guardians,

I need to be aware of any medical problems that your child might have.

Please indicate below if your child has a problem that I should be aware of.

- | | | |
|---|-----|----|
| • Does your child have asthma? | Yes | No |
| • If yes, does your child carry an inhaler? | Yes | No |
| • Is your child allergic to bee or wasp stings? | Yes | No |
| • If yes, does your child carry an epipen? | Yes | No |
| • Is there anything else I need to know? | | |

Parent signature: _____

Student's name: _____

Phone number: _____