

Holy Cross Elementary Running Club

Build Confidence. Train for Endurance. Nurture Healthy Habits. Create Friendships.

Grades: 3rd-8th

Fee: \$40 (Includes a t-shirt and race entry for a 5k)

Our Season will Run from September 13 - End of October

Coaches:

Katy Murray gradeone@holycrosselem.com

Jenny Harnist grade2@crosselem.com

Practice Schedule:

→ Practice will begin on September 13th

→ Tuesday and Thursday from 3:00-4:00

What to Bring to Practice:

A Positive Attitude

Water Bottle

A light Afterschool Snack

Running Shoes

School Appropriate Athletic Clothes

What will a Practice look like?

During Practice we will run, stretch, encourage positive self talk, make goals and learn about nutrition. We will run to Bill Cappel Sports Complex, run on paved paths and on the soccer field. We will be following a program similar to Jeff Galloway's walk run method. We know that everyone will join with a different set of running skills and all abilities are welcome. We will slowly build up endurance and distance to prepare for a local 5k.

Mrs. Harnist will walk to Bill Cappel Sports Complex. Any student is welcome to walk with her..

Races we will participate in:

A 5k in Early October (included in fee)

Parents are encouraged to sign up and Run/ Walk too.

Need Running Shoes?

Tri-State Running in Edgewood will give us 20% off of shoes. Please let them know you are with Holy Cross Elementary Running Club when you are shopping!

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I am ready to Run!! Please Return this form by September 3 to the Office .

Student's Name: _____

Grade : _____

Medical Concerns we should be aware of (including allergies):

Shirt Size (please circle) YS YM YL S M L XL XXL

Parent's Name: _____

Parent Phone Number: _____

Parent Email: _____

Our family would like to donate to the 8th Running Club Scholarship fund. \$ _____

Our Family would like to donate _____snacks, _____ gatorade or _____popsicles

Waiver:

I, the legal parent/ guardian _____,
Authorize my child's full participation in Holy Cross Running Club. It is my understanding that my child's participation in the Running Club is not without some inherent risk of injury. I agree to release Katy Murray, Jenny Harnist, the school and the Archdiocese of Covington from any liability arising out of the program. I also give permission for any emergency medical care, transportation or treatment by a physician, hospital or medical care facility that may be required.

Parent/ Guardian Signature: _____ Date _____