



INTRODUCING St. Mary's Running Club (New This Year!) and Running Team

Coach: Rich Slehofer (708 638-8732, rslehofer@comcast.net)

Running Club:

With a goal of increased participation, I have made a number of changes from last year and introduce the running club concept. You may join as a running club member with the expectation of running on your own and participating together at afterschool runs beginning on Friday March 17. During the 9-week season, you can strive to reach the marathon mark (26 miles), half century mark (50 miles) or century mark (100 miles).

If you are new to running, consider starting with the running club with the option of joining the running team. I'm trying to provide options as an encouragement to get students to run. Because the running club is right after school, Mrs. Rasinski suggest using the gym washrooms as a place to change into running gear. The Thursday after school runs go until 4:30 and intend to provide time for band rehearsal students to come out and run. I will be extra early at the first 3 practices to cover your questions or you may reach me at the contact information above.

Running Team (Track and Field):

St Mary is once again offering a track and field team. I am also working on adding coaches and volunteers to help enhance practices and competitions. Track and field is a richly unique sport that promotes both individual performance and team chemistry. If you join as a track team member we have arranged for 12 practices at the RB high school track. This is a big improvement from last year! For the most part we will practice 3 days a week with a break during Easter. We have similar meets as last year.

You can join the running club or running team at any time. Runners in grades 3-8 are eligible. Registration information is attached. I believe you will find the running club and the running team enjoyable and it will enhance your other abilities

What you should expect of the coaches and volunteers:

We will plan and conduct practices that teach the sport, challenge the athletes, and build their strength and running stamina.

We will encourage the athletes to train up to their individual ability.

We will have a copy of release forms at practices

We will remain at the practice sites until every athlete meets their parent or appointed contact.

We will maintain our motto of "everyone gets better, and everyone has fun."

If opportunities arise we will add events to the current schedule

What we expect from the athletes:

We are charging a fee of \$100 for the track team (\$75 if you have a uniform from last year) and \$25 for the running club only.

We expect the athlete to check-in with the coach as practice begins.

We expect athletes to respect their teammates, their opponents and the fields we use.

We encourage athletes to stay active in a variety of sporting activities.

What running athletes need to know:

Bring comfortable running attire to practice and meets including outerwear for cool weather. Consider rain gear and a bag to keep clothes and shoes dry. Don't eat a full meal less than 2 hours before practice or meets. Snacks of PBJ, fruit or grain bars are good. Avoid acidic fruits or any other snack that might upset you before practice or a meet. Bring a water bottle or Gatorade to practice.

Runner Information:

Name: _____ Grade: _____ Parent Name(s): _____

Mobile contact information: Primary Number/Name: _____

Secondary Number/Name: _____

**St. Mary School
Athletic Program
Emergency Release Form**

To whom it may concern:

As the Parent/Guardian of _____, I hereby authorize the treatment by a qualified, licensed medical doctor of the aforementioned minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Student: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Family Physician: _____ Phone: _____

Preferred Hospital/Place of Treatment: _____

Health Insurance: () Yes () No Carrier: _____

Policy #: _____ Group Name # _____

Medical Information: _____ Blood type: _____ Asthma? Yes / No

Medication regularly taken: _____

Specific allergies, chronic illness, or other conditions: _____

In case of emergency, contact:

Name: _____

Phone: _____

Relationship: _____

(Print name of parent/guardian) (Signature of parent/guardian) (date)