

**PARTICIPATION ON AN ELEMENTARY SCHOOL DISTRICT CROSS COUNTRY FUN RUN
LETTER AND CONSENT**

Date: October 4th, 2023

Dear Parents/Guardians,

The purpose of this letter is to inform you that your child has joined a school athletic team or activity:

Cross Country Running

Your signature on the attached Consent Form confirms that you are aware of the information provided in this letter and permit your child to participate on this athletic activity during this athletic season.

Below is the information for this athletic activity:

Team: District Cross Country Fun Run Grades 1-7

Season: Fall

Date: Tuesday, October 17th, 2023

Name(s) of Teacher Sponsor(s): Mr. Favela

Times and location is: Garry Point Park, Steveston

Time: Students should go to the park right after school at 2:45pm and drive directly to Garry Point Park to meet Mr. Favela

The Fun Run start times are as follows:

Grade 1 – 3:30pm
Grade 2 – 3:35pm
Grade 3 – 3:40pm
Grade 4 – 3:45pm
Grade 5 – 3:50pm
Grade 6 – 3:55pm
Grade 7 – 4:00pm

Distances:

Grades 1, 2 and 3 900m
Grades 4 and 5 1300m
Grades 6 and 7 1600m

Transportation: Students must arrange rides with their parents. It is parent's responsibility to drive to and from the event. Parents must also be at the event to supervise their children.

Supervision- although Mr. Favela and other staff will be there, children will need to be supervised by their parent. Once the run is over, you can take your child home.

What to wear: The event will go rain or shine so please dress for the weather – shorts, under armor or dry-fit long sleeved and leggings, hat, light gloves, and good RUNNING shoes.

**** Brighthouse shirts are a great thing to wear if you have one that fits for the race.**

What to bring: a change of clothes if wet, water bottle, determination and good sportsmanship!

How to register: Just complete the attached risk form and hand it to the office by Monday, **October 16th.**

Please note that accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. Some specific risks and precautions include: Injuries related to the physical demands of the activity and/or lack of activity skill; Psychological injury due to anxiety or embarrassment; Becoming lost or separated from the group; Other risks normally associated with the activity or environment. By allowing your child to participate in this activity or team, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

Finally, we ask that you and your child read, complete, and return the attached Consent Form to school no later than **Monday, October 16th.**

Thank you for your support!

Sincerely,

Mr. Favela

PARTICIPATION ON AN ELEMENTARY SCHOOL ATHLETIC TEAM CONSENT FORM

Child's Name: _____ **Grade:** _____ **Division #:** _____

Athletic Team: District Cross Country Fun Run Grades 1-7

Destination and Date of Event: Garry Point Park, Steveston; Tuesday, October 17th, 2023

Parent's/Guardian's Consent and Acknowledgement of Risk

My signature below indicates my consent and acknowledgement of risk as well as my permission for my child to participate on this school athletic team.

- I accept responsibility to assist my child to make transportation arrangements to/from games and competitions with the support of the coach/sponsor teacher. I will take responsibility to communicate and confirm with my child, Coach and Sponsor Teacher this method of transportation to/from games and competitions/tournaments.
- I accept the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may be involved in an accident and may suffer personal and potentially serious injury arising from my child's participation on this athletic team.
- My child will abide by the [District Code of Conduct](#) as a member of this athletic team. In the event my child fails to abide by these expectations, disciplinary action may include my child being excluded from further participation or that I be contacted to pick up my child (unless I have specified other transport arrangements); I will be responsible for any costs associated to send my child home.
- I acknowledge that it is my responsibility to inform the Coach and Sponsor Teacher of any medical/health concerns that may affect my child's participation. My child has no illnesses, medical conditions, allergies or disabilities that may require special attention.
- I am aware that the School District provides optional student accident insurance and parents will be able to purchase coverage, access claims forms and obtain full plan information online.
- I consent that the Board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.

Please Note: It is not necessary to return this form if you have consented online.

My child _____ has my permission to participate in: District Cross Country Fun Run, Oct. 17th

X-Cross Country Run

Parent's/Guardian's Name

(please print)

Signature

Date (year/month/day)

Cell #

Email

Emergency Contact's Name

(please print)

Cell #

Relationship to child

Medical/physical conditions that may affect my child's participation on the field trip (allergies, recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) include (be specific):

**Student Commitment to Safety, District Code of Conduct and Acknowledgement of Risk
(for students in grades 4 - 12)**

My signature below indicates that I will commit to behaving safely and abide by the District Code of Conduct while I am on this school athletic team.

- I will participate on this athletic team to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment as a member of this athletic team.
- I have been briefed by my Coach and/or Sponsor Teacher on the elements of risk and dangers involved and the precautions that are to be taken.
- I will abide by the District Code of Conduct, school rules, and expectations set out by the Coach and/or Sponsor Teacher and Supervisors.
- I will report any safety, medical or health Issue or Injury to the Coach and Sponsor Teacher.

Student's Name

(please print)

Signature

Date (year/month/day)