



Forest Edge PTA Running Club “The Racing Eagles”

WHO: Boys and Girls in 3rd-6th Grades

WHERE: Meet in 4th Grade Pod (run outside - perimeter of the school and field)

WHEN: 3rd/4th Grade - 3:45-4:30pm Wednesdays

5th/6th Grade - 3:45-4:30pm Mondays

DATES: 3/23/2020 - 5/13/2020

COST: \$12 per child

Open Enrollment through Friday, March 20th

The Racing Eagles Registration

Students Full Name:
Students date of birth:
Students Teacher and Grade:
Name(s) of parent(s)/guardian (s):
<input type="checkbox"/> I am interested in being a volunteer. *PLEASE*
Cell number: ()
Home number: ()
Address of Student/Parent:
Parents Email Address:
How will your child get home from Running Club:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to Student	Telephone number

Name of Student Doctor*:	Telephone number: ()
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***All participants must have medical insurance and provide a copy of medical insurance card along with this registration form prior to the first meeting. Cont'd on back ->**

Emergency Authorization: I give permission for the Forest Edge PTA Running Club volunteers to obtain emergency medical treatment, including emergency transportation for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

If parent/guardian refused to sign, instructions must be attached stating what procedure the sponsors are to follow in emergency.

Parent signature: _____

I permit my child _____ to participate in the Forest Edge PTA Running Club at school. In consideration of his/her enrollment in the Forest Edge PTA Running Club, I certify that my child is physically fit and sufficiently prepared for participation in the activity and that there are no health related reasons or problems with would preclude the participation of my child in the activity. I release the teachers, staff and volunteers of all liability for any injury or danger my child may suffer as a direct or indirect result of his/her participation in the afterschool program.

I have read, understood, and agreed to all of the above in order for my child to participate in this program:

Parent Signature: _____

List any medical conditions or allergies:

PLEASE COMPLETE, ATTACH PAYMENT, AND RETURN TO MS. KAHLER.

PLEASE MAKE CHECKS PAYABLE TO FOREST EDGE PTA.