

**IMMACULATE CONCEPTION SCHOOL
CROSS-COUNTRY
REGISTRATION DEADLINE EXTENSION**

Dear Parents,

We are extending the registration deadline for the Immaculate Conception Cross-Country team until Friday, September 16th. We are doing this because we would like more of our students to participate. We understand that there are many details that require your attention during this hectic back-to-school time and want to provide a little extra time for you to submit your registration form.

There are many benefits to participating on the school team, but along with building their self-esteem, the most important reason is building the spirit of cooperation outside the classroom. The experience of playing together in a setting outside the classroom will help your children develop new friendships and help their existing friendships to grow even stronger.

If your child has already registered then I promise we will do our best to make this a rewarding experience for your child. If you have not, please find the registration information and forms on the following pages for your consideration. I am quite sure you will be pleased with the results, both now and in the future.

Best Regards,

Mike Doyle
Athletic Director
Immaculate Conception School

2011 IMMACULATE CONCEPTION SCHOOL CROSS-COUNTRY REGISTRATION FORM

Dear Parents and Student Athletes,

We are excited to offer the opportunity for our boys and girls in grades 7 and 8 to participate in the Immaculate Conception Cross-Country Program. **This year we are offering this great opportunity to the 6th graders as well!**

We would love for as many students as possible to participate in this year's program. This year our goal is to have as close to 100% participation as possible. We feel the ICS Cross-Country program offers the following benefits to our student-athletes:

1. Team and Community Spirit ó Participating on the cross-country will help build relationships outside of the classroom. Running with your fellow classmates and cheering them across the finish line is a great way to build team unity within the Immaculate Conception School community.
2. Great Fitness Habits ó Running cross-country at the Immaculate Conception is a terrific way to get in great aerobic shape. It will help prepare you for other sports and it will help you start developing habits that will keep you fit for life.
3. Challenges and Satisfaction ó Competing on the school team gives you an opportunity to run with and against students from other schools, but your biggest competition will be with yourself! Each time you improve your personal best time, you will experience a tremendous feeling of satisfaction and pride.
4. Fun! ó Our coaches are committed to making the practices fun and will measure success one smile at a time!

We are excited to announce that Mr. Dale Eckert will be back as the head coach of this year's team. In addition, Mrs. Kim Coppinger and Mr. Ted Jones will be serving as assistant coaches again this year. Dale, Kim, and Ted are very experienced runners with several Marathons (including Boston) under their belts.

Depending on the number of 6th grade participants this year, we may need to solicit the help of parental volunteers. We will notify you in the event we do need volunteers.

The team will run three times per week, with practices beginning on September 12th. The initial practices will be at Fuller Field in Newburyport from 3:30-4:30. After these initial practices, the remaining practices will be conducted at Maudslay State Park from 3:30 to 4:30 PM. Meets will begin on September 29th and the season will conclude no later than November 7th. Most of the meets will be at Maudslay, but we will also participate in 2-3 away meets as well. Please note that parents will need to provide transportation to and from practices and meets.

The fee for participation in the Cross-Country program is \$50. The team will provide uniform jerseys. There will also be a banquet at the conclusion of the season with awards for our runners. Each runner will need a good pair of running shoes, stopwatch, water bottle, and a pair of black shorts. We do not want the cost to deter anyone from participating, so please contact Mrs. Reardon if you need any assistance with this fee.

Once again, we would love to have every student-athlete in the 6th, 7th and 8th grade participate, so please feel free to contact me at the4doyles@comcast.net or 978-457-2751 with any questions that you might have.

We are asking that you please submit the registration form with a \$50 check made payable to the Immaculate Conception School to Mrs. Reardon's office by Friday, September 9th.

Sincerely,

Mike Doyle
Athletic Director
Immaculate Conception School

Student-Athlete Name: _____
(PLEASE PRINT)

Grade: _____ Date: _____

Parent Signature: _____

E-Mail Address: _____

Phone Number: _____

Shirt Size: Youth Lg ____ Adult Sm ____ Adult Med ____ Adult Lg ____

**IMMACULATE CONCEPTION SCHOOL
PARENTAL/STUDENT CONSENT
RELEASE FROM LIABILITY AND
INDEMNITY AGREEMENT**

I, the undersigned parent/guardian/legal representative of _____
(Student's name)

a minor do hereby consent to his/her participation in Immaculate Conception School's Cross-Country team, and in consideration of his/her being permitted to so participate, I, on behalf of myself/my heirs, my agents and my representatives, and on behalf of _____,
(Student's name)

do forever RELEASE, acquit, discharge, and covenant to hold harmless, Immaculate Conception School, and its boards, commissions, committees, officers, employees, servants, agents and representatives from and against any claims, demands, causes of action, charges, lawsuits, loss of liability of any kind, in any way arising out of or resulting from directly or indirectly, all known or unknown personal injuries or property damage or death, which I may now have or hereafter have as the parent/guardian/legally representative of said minor, as well as any claims, demands, causes of action, charges, lawsuits, loss of services, compensation, costs, including without limitation attorney's fees, damages and/or liability of any kind, which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, in any way arising out of or resulting from, directly or indirectly, his/her participation in Immaculate Conception School's voluntary cross-country team.

In addition, I, as parent/guardian/legal representative of said minor, agree to indemnify and hold harmless Immaculate Conception, and its boards, commissions, committees, officers, employees, servants, agents, and representatives, in the event that any claim, charge, action or lawsuit is brought against Immaculate Conception School and/or its personnel, which is in any way arising out of or resulting from, directly or indirectly, said minor's participation in Immaculate Conception School's cross-country team. I further agree to indemnify, hold harmless, reimburse and make good Immaculate Conception School and its personnel, for any judgment, costs, including without limitation attorney's fees, expenses, charges, and damages of any kind which Immaculate Conception School and/ or its personnel is required to pay as a result of any act or omission of said minor or any parent, guardian or legal representative of said minor with respect to his/her participation in Immaculate Conception School's cross-country team.

I give my permission for my son/daughter to participate in the Cross-Country program at IMMACULATE CONCEPTION SCHOOL for the 2011 season. I acknowledge that I have read the above paragraphs and have not relied upon any representations of Immaculate Conception School or its personnel, and am fully advised of the potential dangers of participating in the above described athletic team.

(Signature of Parent/Guardian/Legal Representative)

Date: _____

(Signature of Student)

Date: _____

IMMACULATE CONCEPTION SCHOOL
2011 CROSS-COUNTRY

Physical/Immunization Form

Player's Name: _____ Date of Birth: _____

The above patient was examined on _____,
The patient's healthy history and immunization records were reviewed.

Height: _____ Weight: _____ Blood Pressure: _____

Vision: Left _____ Right _____ Color _____ Postural Screen _____

Allergies: _____

Chronic Medical Problems: _____

Medications/Treatments: _____

Dietary Restrictions: _____

I SEE NO REASON(S) TO RESTRICT FULL PARTICIPATION IN IMMACULATE
CONCEPTION ACTIVITIES.

Physician's name (Printed): _____ Phone #: _____

Physician's Signature: _____ Date: _____

PARENTS: I CERTIFY THAT MY CHILD HAS NOT INCURRED ANY
SIGNIFICANT HEALTH PROBLEM(S) SINCE THE DATE OF THE ABOVE
PHYSICAL EXAM.

IN CASE OF EMERGENCY, I AUTHORIZE COACHES TO TRANSPORT MY
CHILD TO THE CLOSEST MEDICAL FACILITY IN MY ABSENCE.

Parent's Signature: _____ Date: _____

PLEASE ATTACH YOUR CHILD'S IMMUNIZATION RECORD.