



RUNNING GROUP



3rd through 8th Graders Welcome!!!

October 1st through December 17th



Superior Attitude Superior State Of Mind

Sign up: Parent and Student Meeting - Monday, September 27th from 3:30 to 4:15

Running Team Practice Start Date Friday, October 1 from 3:30 to 4:30

Days: Mondays and Fridays

Time: 3:30pm to 4:30pm

We will be running so make sure all are dressed appropriately for the weather.
It is best to dress in layers.

Bottled Water and Sneakers are essential!!!

I will notify you if practice will be cancelled at least 24 hours in advance.

If you have questions, please either call, text, or email me.

Jeremy Mitchell

Phone # 603-313-5328

Email : marathoner_77@hotmail.com





SPORTS PERMISSION/RELEASE FORM 2021-2022

Student Name: _____ Grade: _____

Sport(s) Involved In: Soccer Basketball Running Group _____

I hereby consent to have the above-named student participate in the sport(s) listed above, on or away from the school grounds. I assume all risks associated with participation in the sport, including but not limited to: falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport.

In the event of an emergency, the Trinity Christian School coaches are authorized to take necessary steps to see that medical care is given for any injury, accident, or acute illness, and to call an emergency ambulance, if necessary, in case I am not immediately available. Any qualified physician called by Trinity Christian School may treat and do whatever is necessary for the health and well-being of my child.

This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. I agree to accept responsibility for the cost of above medical services. If normal supervision and precautions have taken place, I will not hold Trinity Christian School liable to any injuries, and expenses related to injuries, that may occur.

Emergency Contact

Family Physician: _____ Phone: _____

Emergency Contact #1: _____ Phone: _____

Relationship to Student: _____

Emergency Contact #1: _____ Phone: _____

Relationship to Student: _____

Any pre-existing conditions (e.g. allergies, chronic illnesses, etc.): _____

Mother/Guardian (please print): _____ Phone: _____

Work Phone: _____ Address: _____

Father/Guardian (please print): _____ Phone: _____

Work Phone: _____ Address: _____

Parent/Guardian Signature: _____ Date: _____