Running & Walking Club begins Monday, September 12

All participants must turn in the signature section of this handout (the bottom half of page 2) and the Voluntary Sports Activity Assumption of Risk form, each signed by a parent or guardian before they can run with the club.

Purpose: The purpose of the Redwood Coast Montessori’s Running Club is to enable RCM students to participate together in a fun, healthy, aerobic activity that builds strength and endurance. We hope to foster a lifelong love of running, walking, and being active.

Days & Times: We run on Mondays and Wednesdays. Lower Elementary students will run from 2:30 to 3:00 and Upper Elementary and Middle School students will participate from 3:00 to 3:30.

After School Care Program: All students are welcome to participate in Running/Walking Club. Students enrolled in the after-school program will join the teacher/parent volunteers and are welcome to walk or run. If an after-school program student decides to sit out, an alternate activity will be provided. Runners not enrolled in after-school care must be picked up promptly at the end of the session or will be signed in for after school care at the drop in rate.

Helpers: In order for the club to ‘run’ well, we need reliable volunteers who can assist with supervision and motivation, counting laps or joining in to run or walk with children. Please let us know when you can help and what you would like to do.

Location: Running Club will meet at the concrete circle on the west side of our school wing. We have a 1/6 mile loop mapped out mostly around the grassy field.

Shoes: For safety reasons, children are encouraged to wear running shoes to participate each day. This may mean bringing a spare pair of shoes to school. If a child does not have proper shoes, he or she may be asked to walk, help record laps or cheer on fellow runners.

Clothes: Clothing should be practical for sports and must not interfere with running (e.g., no loose, dragging pants, long flowing skirts or dresses, etc.). Children may run in their school clothes or plan to change into shorts.

Behavior: Athletes are role models. Members of Redwood Coast Montessori Running & Walking Club are expected to conduct themselves with grace and courtesy before, during and after running club. Continued participation in the club depends upon students maintaining exemplary behavior. Running club is for running and walking. Students need to be moving forward around the course rather than playing during running club. School safety and behavior expectations and procedures are part of Running Club. Children who choose behaviors that interfere with leaders and other runners’ enjoyment and participation in the activity will necessarily be dropped from participating.

Goals: Every individual body is different. Each student should set realistic goals for him or herself that will make Running Club fun and help foster a love of running. This may mean two laps a day for some, and two miles a day for others. The happiest runners focus on their own goals rather than competing with others. We will cheer everyone on and celebrate each milestone!
Redwood Coast Montessori Running & Walking Club

Feet: Runners will earn a necklace and foot charm for their first mile. After that, a foot token will be earned for every mile run. One chain will be issued per year. Replacements for lost chains will be available for $1, but we will not replace lost foot tokens. Tokens will be issued at small, informal ceremonies periodically throughout the year.

T-Shirts: If there is enough interest in having them, and a few volunteers to coordinate an order, we will order RCM Running & Walking Club T-shirts. The cost for each shirt will likely be about $15. Please let us know if you would be interested in helping with shirts.

Rain: Until further notice, we will run in light rain or mist. If it is raining at 1:30 p.m., we will cancel running club. If in doubt, plan to pick up your runner at the end of the school day.

Local Running Opportunities: We encourage runners and walkers to participate in the Fox Trot Lap-a-Thon and Sand Dune & Beach runs on Sunday, October 2. Additionally there are many opportunities to participate in some of our fantastic local races such as the Trinidad to Clam Beach Run, the Foggy Bottoms Milk Run and, for girls and women, the Atalanta’s Victory Run & Walk. The Six Rivers Running Club (6rrc.com) puts on at least one small race per month with a small fee for non-SRRC members. Humboldt Redwoods Youth Running Association (HRRA), a part of the SRRC, organizes fall cross country meets and spring track & field meets for Humboldt County students at various nearby locations. More information about local events and the soon-to-begin cross country season is available in another packet and will require a sports physical.

Questions or Feedback? Please leave a note in the Running Club Envelope located on the Bulletin Board in Room C, being sure to include contact information.

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After you have read this hand out and helped your child understand the expectations, you must both sign it. Cut off the bottom of this page to return it AND the Voluntary Sports Activity Assumption of Risk form (page 3) to the Running Club Envelope located on the Bulletin Board in Room C.

We have read, understand & agree to follow the policies and procedures of the RCM Running & Walking Club.

Runner’s Signature ____________________________ Teacher’s Name ____________________________

Parent or Guardian Signature: ____________________________

Are you interested in an RCM Running & Walking Club t-shirt if they are available?  Circle: Yes  No
Are you available to help put an order together? Circle  Yes  No

For non-After School Care families: Are you interested in helping with Running Club?

Name: ____________________________ Contact Number: ____________________________

Day & Time you are available to help:  Monday 2:30-3:00  Wednesday 2:30-3:00 (Lower Grades)
                      Monday 3:00-3:30  Wednesday 3:00-3:30 (Upper Grades)
Acknowledgement and Assumption of Potential Risk

Voluntary Sports Activity

(Strictly Name)________________________________________ has my permission to participate in the activity listed below. **I fully understand the following:**

(Circle appropriate activities) Football, Basketball, Volleyball, Cheerleading, Track & Field, Baseball, Soccer, Wrestling, Tennis, Cross Country, Golf, Other __________________________ by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Cuts/abrasions
4. Unconsciousness
5. Paralysis
6. Disfigurement
7. Head injuries/Concussion
8. Loss of eyesight/hearing
9. Death

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the _____________________________ School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity. I further relieve the _______School District, its employees, officers, agents, or volunteers from any liability for loss or damage to any personal property that may be damaged, lost or stolen.

List any medical conditions, allergies or other limiting factors:

____________________________________________________________________________________
____________________________________________________________________________________

* Medical examination release has been completed: Yes  No  (Circle one)

Family physician name: ___________________________________ Phone # _____________________

Health insurance/MEDI-CAL per Education Code 32220-32224: Yes  No  (Circle one)

Plan name and number: ________________________________________________________________

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. I acknowledge that I have carefully read this **Voluntary Sports Activities Form** and that I understand and agree to its terms.

Parent/legal guardian (if under 18) ___________________________________ Date ________________

Student signature ___________________________________ Date ________________

* Medical exams are required for all athletic participants (including cheerleaders) of any school sports team (K-12). Participation includes: tryout (except cheerleading tryouts that only have standing cheer), practice and competitive play. Band members and team managers - i.e., non-playing field participants are exempt.