

FHMS Cross Country Season Starts November 8

Cross Country is an endurance running sport. Student athletes will be competing as both team members and individuals representing FHMS. The races are 2 mile courses.

Practices: 315-430 MWF There is no activity bus at this ending time. Parents are responsible to pick up or arrange pick-up for student athletes.

Meet schedule/details to be announced – **our first meet will be Nov 29 at home.**

Sports fee: \$125 (please fill out attached tax credit form)

Athletic Waiver must be filled out and signed.

Coach: Mary McDonald (4th grade teacher at FHMS)

What do they need? All student athletes must maintain passing grades and behaviors to participate.

Runners will need to have running shoes, water, running clothes (weather appropriate) for practices. All runners will need a pair of black shorts to race in. School uniform singlets will be provided. Transportation to away meets will be provided by school bus.

Please SIGN UP FOR MY **REMIND** account – it is a text notification program I use.

Take out your phone and open the text feature. Enter this number: **81010** then in the text box write: **@6ehkbe**

Fountain Hills Middle School

Athletic Waiver Form

Registration Information (Please print).

Student's Name _____ Grade _____

Parent Name or Legal Guardian Name _____

Home Phone Number _____

Day or Cell Phone Number _____

Parent's E-mail Address _____

Emergency Contact and Phone Number _____

Insurance/Medical Care

Medical Insurance will not be provided by Fountain Hills Middle School. The parental authorization and insurance information must be completed with the registration form. Insurance information must be complete or the Student will not participate. If applicable, a doctor's release must be attached if the student is recovering from a recent illness or injury, or if he is participating with a cast or splint. Note: Athletics include a great deal of physical activity. Participants are encouraged to be properly conditioned.

Insurance carrier: _____ Policy Number _____

Limitation and Waiver of Liability

In partial consideration of our child's participation in Fountain Hills Middle School athletics, I/we as a parent/s of Student's Name _____

do hereby waive all liability of Fountain Hills Middle School, its employees, agents, board members, and staff for any accident, injury (including death), illness, or other mishap which might befall the above-named student while traveling to/from or during his attendance at Fountain Hills Middle School athletic events. Further, I/we hereby grant permission to the staff of Fountain Hills Middle School and any hospital staff to render to the above-named student, any emergency medical services deemed necessary. I/we understand that all possible efforts will be made to inform me/us in case of such treatment.

Parent or Legal Guardian's Name (print) _____

Parent or Legal Guardian's Name (signature) _____

Date _____

Fountain Hills Unified School District #98
Fountain Hills Middle School

Tax Credit - apply towards the payment of: _____ Date: _____
Designate extracurricular activity

Payer Name: _____ Amount Paid: \$ _____

Address: _____ City, State & Zip: _____

Phone: _____ Student Name _____

This form is only to be used towards payments for club fees and extracurricular field trips. If you wish to have your dollars apply towards an Arizona Tax Credit, this form must accompany your payment.

<p>Make checks payable to the FHMS, this form is to be used only for payments given for Fountain Hills Middle School activities.</p> <p>Administration purposes: <input type="checkbox"/> Rec'd by: _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Routed to: _____</p>

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