

# CROSS COUNTRY

September 8th, 2020

Dear Parents and Athletes,

We're so excited to kick off the year with a new sport, Cross Country. Cross Country running is a sport in which teams and individuals run a race on open-air courses over natural terrain. Runners are judged on individual times and teams by a points-scoring method. Unlike Track and Field running, which relies heavily on short distance sprinting, Cross Country is an endurance sport and involves running over long distances and maintaining a reasonable pace.

Practice will occur following carline at 3:30 and end at 4:45 every Tuesday and Thursday. It will begin **Tuesday, September 15th**. Due to the corona virus many schools have had to change their schedules. Due to this, a meet schedule for competitions will not be available at the first practice date. Please be aware that due to the early nature of meets, Cross Country meets are likely to occur on Saturdays. Information for all meets will be given to you as soon as they are organized.

The participation fee for Cross Country is \$80.00. This price includes a jersey, shorts, face mask, drawstring bag, and put money toward meet expenses. Students will need to purchase running shoes.

Cross Country begins in the heat of August, so we ask that all of our runners adhere to the following:

- Athletes must complete a physical in order to be eligible to participate. Students without this will be unable to practice or compete in any BCA sport until we have received it.
- Runners are required to have a refillable water bottle, such as a Tervis, thermos, or BRITA bottles. Water is required, though gatorade or Powerade may be sent along with the water for after practice.
- Practice attire must adhere to school dress code and violations will result in students changing back into their school clothes. Students will not be allowed to practice in jeans, khaki pants, or polos so athletes who forget their practice clothes will sit out of practice.
- A healthy snack may be sent with students such as fruit or granola for after practice, but otherwise students will be unable to eat during practice.

For BCA's other general guidelines, as well as Kingdom of the Son's, for sports please read our sports handbook. We're looking forward to a great year for all of our sports and we hope you will join us.

Mr. Michael and Miss Stephanie

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## After School Permission Form

**Cross Country**  
**Begins: 3:30 PM**

**Date Tues & Thurs begin 9/15**  
**Ends: 4:45 PM**

### WAIVER AND HOLD HARMLESS AGREEMENT

I, the undersigned, certify that I am the parent and/or legal guardian of the below named student and am otherwise fully empowered to sign this After School consent and liability waiver. I grant permission for \_\_\_\_\_ to participate in this school-sponsored event. This activity will take place under the guidance and direction of school employees and/or volunteers from Belleview Christian Academy.

In consideration of my student's participation in this activity, I on behalf of myself, my child named herein, our heirs, successors and assignees waive all claims or causes of action against First Baptist Church of Belleview, Inc. and Belleview Christian Academy and agree to hold harmless, indemnify and defend First Baptist Church of Belleview, Inc., and Belleview Christian Academy, their officers, directors and agents, chaperones, and representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses arising from or in connection with the above named student attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, except for such losses or damages caused by the sole negligence or willful misconduct of First Baptist Church of Belleview, Inc., and Belleview Christian Academy or their agents.

I agree that First Baptist Church of Belleview, Inc., and Belleview Christian Academy are not responsible for any personal property carried by student.

I consent to emergency medical treatment in the event such care is required. I agree to use the student's personal medical insurance as a primary medical payment if accident or injury occurs.

Name of 1<sup>st</sup> Emergency Contact

Name of 2<sup>nd</sup> Emergency Contact

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list any medical or physical needs: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_