

Rupert A. Nock Middle School

GRADE 6 Cross Country Program 2017 Information

This fall, the R.A.N. Middle School will be running a new 6th grade Girls and Boys Cross Country Program. Students will learn the basics of running cross country (2 mile distance) and the program will culminate with a practice meet at Maudslay to learn how compete with students from nearby schools.

Program Details

- Weekly practices on Thursdays from 2:00-3:00 PM at Fuller Field
- Start date is Thursday, September 14th
- Program will run on Thursdays for five weeks
- Practice workouts typically require students to run between 1-2.5 miles

What to Bring/Wear

- running shoes and running clothing
- water bottle
- Students can change after school and meet the coach at the track. Students should plan to walk home, be picked up, or take the late bus.

The group will compete with the 7th and 8th graders at a meet at Maudslay on October 19th. (Meets typically begin at 3:00 and students will need to arrive at Maudslay to do a walk through of the course). Please note that we will not provide transportation to Maudslay for the October 19 meet. Parent transportation is required.

Cost

\$30 (the cost of the program includes a tee shirt)

Registration

- Complete and return the attached Registration Form to the Nock Main office on or before Friday, September 8th.
- Include:
 - Check payable to the RAN MiddleSchool for \$30
 - Copy of your child's physical form. Physicals are good for 13 months and once a physical expires the student's family must provide a copy of a new physical exam (doctor's notes are not allowed).

Questions?

Please contact Beth Dollas at edollas@newburyport.k12.ma.us.

NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT
6th Grade Cross Country

We the undersigned father and mother or guardian(s) of _____ a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Newburyport, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, expenses and compensation on account of, or in any way growing out of directly or indirectly, all known personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire either before or after he/she has reached his/her majority resulting or to result from his/her participation in the R.A.N. Middle School Athletic/Physical Education/Intramural Department's programs: FURTHERMORE, we/I hereby agree to protect the City of Newburyport and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Newburyport Public Schools Athletic Departments voluntary programs, and to INDEMNIFY, reimburse or make good to the City of Newburyport or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arises from said minors intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs. When, for my son or daughter, the attending physician who is a member of the hospital recommends medical care and treatment, including minor surgical procedure, I give permission for the carrying out of such treatment.

The undersigned hereby authorizes R.A.N. Middle School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Massachusetts for said child when such treatment is deemed necessary by such physicians and we cannot be reached within a reasonable length of time.

Parent/Guardian Signature _____
Date

Student Name _____ Grade ____ Date of Birth _____

Homeroom Teacher and Room # _____

Home Address _____

Parent/Guardian _____ Phone _____

E-Mail _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

● Medications _____

● Allergies _____

● Medical History _____

T-Shirt Size: Youth Large ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL ____