

Cross-Country Intramurals



Cross-Country Intramurals will begin Monday, August 19th. Schedule is on the back of this form. Each session will be held from 2:50 pm to 3:50 pm. I ask you to please be on time to pick up your child. I have kids who participate in after school sports and I cannot be late to pick them up. On August 19th, runners will report to room 214 at 3:00 pm before they dress. I will answer any questions they have at that time. Cross-country intramurals consist of learning the sport of cross-country, preparing for the opportunity to run on the CC team in 7th and 8th grade, stretching, running, and cardio activities.

Participants are NOT required to go to every practice but should maintain a consistent level of commitment. If prior commitments interfere with practice, it is certainly ok to miss. If you have to leave early, they can, but please have your child tell me as there are times we run off campus. If you have not paid the intramural fee of \$26, please write a check to Naperville District 203 along with your permission slip.

Student Name: _____
Name: _____

Emergency Contact Information:

Grade: 6

Cell Phone Number: _____

I give permission for my son or daughter to participate in Intramural Cross-Country at WJHS. In signing this permission slip, I understand that in case of accident or loss, we will not hold the school or any of its employees liable for such damage or loss.

I understand that my child will not be able to access medications that are in the health office. District policy does not allow students to carry any medications during the school day. A student may self-carry an albuterol inhaler or an epinephrine auto-injector with the proper documentation on file in the health office. For other medications, please plan to have a responsible adult bring the medication to practice/sporting event. If you have any questions at all about medications needed for after or before school activities, please contact the coach/supervisor as soon as possible.

Parent / Guardian Signature

Date

***Please list any health concerns.** _____