**Bedminster Township Recreation**

# CROSS COUNTRY RUNNING TEAM

## September 22 - October 14

**(For Boys & Girls in Grades 5th-8th Grade)**

Bedminster Recreation's Cross Country Running Team is for boys and girls in the 5th-8th grades. This is an abbreviated season. Practice will be held at Miller Lane Park at 5:15 pm, and Races will be held at the Bernardsville Middle School. Transportation to meets will be organized between the parents. This program does not include transportation. We will be running rain or shine. The schedule is as follows:

- Practice - Thursday, September 22 @ 5:15 pm at Miller Lane
- Practice - Friday, September 23 @ 5:15 pm at Miller Lane
- Practice - Saturday, September 24 @ 12 noon at Miller Lane
- Race - Bernards Middle School, Thursday, September 29 @ 4 pm
- Race - Bernards Middle School, Friday, October 7 @ 4 pm
- Race - Bernards Middle School, Monday, October 11 @ 4 pm

A team shirt (running singlet) will be provided, however runners are expected to bring their own refillable water bottles, wear their own running shoes and running shorts/pants (black suggested) and dress appropriately for the weather.

**Parent Volunteers are needed at least one per practice and one per meet!** Volunteers must have completed or plan to complete the Rutgers Coaching S.A.F.E.T.Y. Clinic. If you are interested and need to be certified, please call the Rutgers Youth Sports Research Council directly on (732) 932-7178 for a class nearby. Please indicate your interest to volunteer on the attached registration form.

| Dates | Fee |
|---|---|
| September 22 – October 14 | $15 |

Return this form with your check made payable to "Bedminster Recreation" **by Monday, September 19** or sign up online at www.bedminster.us.

**Bedminster Recreation Dept.**
**One Miller Lane**
**Bedminster, NJ 07921**
**Telephone: (908) 212-7014**
**www.bedminster.us**

**Registration Form Attached**

**Bedminster Township Recreation**

# CROSS COUNTRY RUNNING TEAM

## Registration

## 1. Participant Information (One Form Per Child)

Name_____Grade_____Date of Birth_____M_____F_____
Mailing Address_____
Email Address (REQUIRED)_____Home Phone_____
Emergency Contact_____Cell Phone_____

## 2. Hold Harmless *(Parent or Guardian Signature Required)*

As the parent or legal guardian of a participant in the Bedminster Township Recreation Program, I acknowledge this to be a voluntary activity. I acknowledge that there are certain risks inherent in my child's participation in this activity, and I agree to accept all of the consequences and assume the risks involved in my child's participation. I understand and acknowledge that Bedminster Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bedminster Township from any and all liability for any and all injuries my child may sustain as a result of my child's participation in this activity.

***Signature of Parent/Guardian*_____*Date*_____**

## 3. Allergies/Medications/Special Needs/Accommodations

- **Allergies/Disabilities/Medical Conditions** - Does your child have allergies, disabilities (neurological conditions, physical) or any other medical conditions we should know about in order to be able to assist your child? _____
- **Epinephrine Auto-Injectors** - ☐ (√) Check here if you child requires the use of an epinephrine auto-injector device.
- **Medications** - Is your child on medication during the program and is he/she able to self medicate? Please explain and list medications needed during program hours or in the event an emergency presents itself. _____
- **Special Needs/Accommodations** - Bedminster Recreation welcomes individuals with disabilities to participate in all recreation programs and activities. In accordance with the Americans with Disabilities Act (ADA) please describe below any accommodations needed for you or your child's enjoyment of this program. A staff member will contact you for more information. _____

_____

## 4. (√) Volunteer Interest & Certification

Name_____Email_____Telephone_____

☐ Coach ☐ Rutgers Certified ☐ Plan to take Certification ☐ Driver ☐ Timer

## 5. Bedminster Township Photo Release (Parent or Guardian Signature Required).

_____I GRANT PERMISSION _____I DO NOT GRANT PERMISSION to the Township of Bedminster and/or the Media to photograph me or my child while participating in Township recreation programs or functions for publicity and/or promotional purposes.

**Signature of Participant or Parent/Guardian_____Date_____**

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