

St. Mary's Running Club
Come Run With Us!

What: A non-competitive running club where you run for fun.

Yes, fun!

When: Right after school Thursdays February 23rd, March 1, 8, 15 and 22nd. Come for 1 or 2 runs or all 5 runs.

Where: We meet in the school gym, stretch some, and then run in the neighborhood.

Who: All athletes in grades 5 – 8 are welcome. Younger grades are welcome only with a parent running along. Come if you like to run, come if you've never run but would like to start, come if you just want to try.

Why: Run to get in shape for school track or any spring sport, run to build muscles, heart, and lungs; learn how running reduces stress and makes you smarter.

Note: All runners will be grouped with others with compatible ability. A running club does not stress speed but fun *HOWEVER we are neither a walking club nor a boot camp!* Expect to and look forward to running at least 2 miles the first week.

The start date is Thursday February 23rd –assuming we have no ice/snow on the sidewalks. Pick up is promptly at 3:30pm each day. We will continue the running club through Thursday March 22. More info will come in the packet regarding recommended shoes and attire. Permission slips must be filled out before running.

Please fill out the info below if you're interested –

Mrs. Himmel 847-551-9325 Call with questions!

Parent runners needed and welcome!

Name(s) _____

Grade(s) _____

PARENT PERMISSION FORM Running Club PARTICIPATION

Your child is eligible to participate in a school sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of St. Mary school personnel and adult chaperons. A brief description of the activity follows:

NAME OF EVENT: St. Mary's Running Club

DESTINATION: St. Mary's neighborhood

DESIGNATED SUPERVISOR OF ACTIVITY: Mrs. Himmel, Mrs. Childs and parent helpers

PURPOSE OF EVENT: Run

Time/Date: Feb 23, March 1, 8, 15, 22 immediately after school, finished promptly at 3:30pm.

In order for your child to participate in this event, please complete, sign and return the slip below as a statement of consent and a release of liability. As parent/guardian, you remain fully responsible for any legal responsibility which may result in any personal action taken by the named student.

OTHER INFORMATION:

I hereby consent to permission for my child, _____, to participate in the event described above. I understand that the event will take place away from school grounds and that my child will be under the supervision of the designated school employees/chaperons on the stated date. I further consent to the conditions stated on participation in this event, including the method of transportation. If I can not be reached in case of emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is needed, I AUTHORIZE responsible school authorities to send my child (properly accompanied) to an available hospital or physician. yes no

Print Parent's Name

Daytime phone # ON TRIP DATE: _____

Parent Signature

Emergency # ON TRIP DATE: _____

Date Signed: _____ Return Bottom Portion of form: attn Mrs. Himmel at the school office by Thursday Feb 23.