

Name \_\_\_\_\_

Runner

Parent's Email Address: \_\_\_\_\_

Grade \_\_\_\_\_

**St. Francis of Assisi  
Cross Country  
2018**

Your Cross Country Packet contains the following:

1. Registration Cover Page
2. Fee – FACTS TUITION
3. Participant Agreement
4. Emergency Medical Form
5. T-shirt order form
6. Day Care form
7. Transportation
8. Schedule
9. Meet location and date
10. Uniforms
11. Sports Policy
12. Communication
13. Parent participation
14. NVJCYO Rules



**PLEASE SIGN THIS PAGE and return it along with ALL forms to the school office by Monday, Sept. 10th.** Forms must be received in order for your student to participate in the Cross Country practices and meet.

Forms are: Cover form, Permission & Medical Slip, T-shirt order, daycare, and Picture Form.

By signing this page, this will act as confirmation that your student wants to participate in Cross Country and that you have read the information in the packet and agree to all rules, procedures and fees.

Parent's name \_\_\_\_\_

Please Print

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE:** Any help you can give the coach will be greatly appreciated.

Email Address: -----

**PERMISSION AND MEDICAL SLIP**

**Name:**

Participant's Name (Please Print) Home Phone Gender Birth Date Grade

Address City/State Zip

Parent's Name Mobile Phone Work Phone

**Safety:** As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

Signature of Participant Date

**Parental Permission and Liability Release:** As parent/legal guardian of the participant named above, I give my

permission to participate fully in Cross Country from 9/12/18 to 11/03/18.  
*Name of Sport Start Date End Date*

I agree to indemnify and hereby release the The Most Reverend Paul S. Loverde, Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned sport/event (including transportation to and from the sport/event). Furthermore, I, on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

**Informed Consent to Medical Treatment:** I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Photo:** Also, I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing.

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First and Last Name

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Health Information:** Are there any medical conditions which may affect the participant's involvement in the above sport /event? \_\_\_\_\_

List medical conditions, or if none, write NONE

Are there any known allergies including any allergies to medicine: \_\_\_\_\_

**Physician and Medical Insurance:**

Primary Health Provider: \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described sport/event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian Date



## **Transportation:**

Parents are responsible for making arrangements for their child to get to and from practices and meet.

## **Practice Schedule: 3:30 – 4:45pm**

Wednesday at SFA starting Sept. 12<sup>th</sup>.

Sunday (trail location to be announced)

Daycare: School students will change their clothes at dismissal and sign into daycare. Coach will sign you out of daycare.

## **Fees:**

Registration: \$20.00

T-shirt: \$12.00 (if you do not have one that fits from last year)

School Students: Fees will be charged to your FACTS account.

RE students: may pay with a check made out to St. Francis of Assisi memo section: Cross Country. Payment must be submitted with registration forms

**Meet Dates: See FLIER on last page of packet. More details from the coach.**

## **Uniforms:**

Cross Country t-shirt (purchased through the sports program)

Comfortable shorts/pants, supportive athletic shoes and socks

## **Sports Policy**

The St. Francis of Assisi parish Sports Director and respective coaches have sole discretion on team composition and player placement. The parish sports director and parish sports board do not entertain complaints regarding a parents' differing opinion or evaluation of their child's skill level/team placement.

## **Communication:**

Coaches will do most if not all of their communication through email. Occasionally a phone call will be made in case of last minute practice change/cancellation.

## **Parent Participation/Involvement:**

Parents are an important part of any sports program. Without your involvement, children would not be able to get to and from practice, there would be no coaches, sports directors, sports board etc. Remember, those who volunteer to be coaches need your cooperation and support. **Two adult volunteers will be required to assist the coach at practices.** A sign-up sheet for practice is attached. If you cannot be at the practice, it will be your responsibility to contact a parent on the team to take your place.

**N.V.J.C.Y.O. Northern Virginia Junior Catholic Youth Organization**

**RULES:** At **NO** time may a spectator:

1. Approach an official, timekeeper or scorekeeper in a confrontational manner.
2. Enter the trail area during the meet unless for emergency reasons
3. Engage in unsportsmanlike conduct
4. Allow his/her children to play on equipment, buildings not used or part of the meet.



## 2018 Meets\*

**Developmental Meet 1 – 8:00 a.m. Saturday, September 22<sup>nd</sup>  
Fort Hunt Park, Picnic Area E**

**Developmental Meet 2 – 8:30 a.m. Saturday, October 20<sup>th</sup>  
Lee District Park, Lee Recreation Center**

**Championship Meet – 12:00 p.m. Saturday, November 3<sup>rd</sup>  
Fort Hunt Park, Picnic Area A**

*(new looped course; generally flat and fast; 95% grass fields; great spectator viewing throughout)*



**Open to all 3<sup>rd</sup> – 8<sup>th</sup> Graders\*\***

### Meet Distances

**Frosh (3<sup>rd</sup>-4<sup>th</sup> grades): 2 km**

**JV (5<sup>th</sup>-6<sup>th</sup> grades): 3 km**

**Varsity (7<sup>th</sup>-8<sup>th</sup> grades): 4 km**

**Saint Sebastian Award**

**Awarded to the top male and female runners in each grade with the fastest cumulative time from all three CYO meets**