

# Rock County Christian School

## Club Information Form

Spring 2014



<b>Club:</b> Elementary Running Club	<b>Sponsor:</b> Mrs. Ray  Phone: _608-359-3489_____
<b>Objectives:</b> To have fun running, to increase brain power by exercising in the fresh air, to feel a sense of accomplishment and working toward a goal	<b>Co-Sponsors:</b>
<b>Meeting Times:</b> Tuesdays and Thursdays @ 7:45am	<b>Starting Date:</b> April 22 <sup>nd</sup>
<b>Requirements:</b>  Students must have appropriate shoes on for running and an extra pair of shoes to change into afterwards as the grass is wet in the morning.	
<b>Participant Capacity:</b> Preferred_____ Maximum_____ Minimum_____	
<b>Other Comments:</b>  Students will set a goal as to how many laps they want to run and will try to increase that number each time.	

**I have carefully read all the above club information and expectations:**

I give my permission for \_\_\_\_\_ to participate in the \_\_\_\_\_ Club.  
(Student's Name) (Club Name)

- ☐ I would be willing to drive for club outings.
- ☐ I would also like to assist the sponsor in the club activities.
- ☐ I would also like to participate in the club activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Attention Drivers:** The school office **must** have a copy of your valid driver's license and a current copy of your auto insurance card on file. (no exceptions)