

VAIL REC DISTRICT CROSS COUNTRY

DATES: AUG. 20–SEPT. 26 | TUE, WED, THU
TIMES: 4:15–5:30 P.M.
LOCATION: HOMESTAKE PEAK SCHOOL IN EAGLEVAIL
GRADES: 5–8
FOUR MEETS: AUG. 31 | BATTLE MOUNTAIN HIGH SCHOOL
SEPT. 14 | EAGLE VALLEY HIGH SCHOOL
SEPT. 19 | BERRY CREEK MIDDLE SCHOOL
SEPT. 26 | VRD INVITE
COST: \$65



COACHING:

JARED BINIECKI

Div. I Cross Country and Track Athlete, Central Michigan University, Track and Field Coach at Homestake Peak School.

ABOUT THE PROGRAM:

This program will educate the athletes on running preparation and technique, and will provide a fun social team environment. We welcome runners from all schools.

Each runner will receive a racing singlet to keep and wear in the meets. Practices will be outside and runners should prepare for all weather conditions. Proper running shoes recommended.

To register, visit vailrec.com/register or fill out this form and mail or fax with payment to:

DOBSON ICE ARENA
321 East Lionshead Circle, Vail, CO 81657
Fax: 970-479-2267

Cancellations must be received two weeks prior to program starting in order to receive a refund minus \$15 handling fee.

Child's Name _____

Male Female Date of Birth _____

Mailing Address _____

City, State, Zip _____

School _____ Grade _____

Any physical conditions or allergies the coach should know about?

Parent/Guardian 1 _____

Phone: Home _____ Cell/Work _____

Email _____

Parent/Guardian 2 _____

Phone: Home _____ Cell/Work _____

Email _____

Emergency Contact _____

Home Phone _____ Cell/Work _____

Agreement to Waive Legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I agree to waive and release the Vail Recreation District and their officers, employees, agents, servants, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property during said activities. In the event of injury, I authorize District personnel to contact emergency medical services and further consent to any emergency x-ray, examination, medical diagnosis or treatment and hospital care, including ambulance transport, which may be provided to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. I understand that I am fully responsible for any charges which may result from such services and further agree to indemnify the District, its employees and agents, from any claim, demand, suit or liability related to my or my child's transport, care or treatment, or from any charges related thereto. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature _____

Print Name _____ Date _____

PAYMENT: Amount Received: \$ _____ Cash Check # _____

Charge # _____ Exp. _____

Cardholder _____

970-479-2271 | FAX: 970-479-2267 | VAILREC.COM

