

2018-2019 Running Club Form

September 4 – October 25 on the days of Tuesdays and Thursdays

At the time of 4:30 – 5:30. Boys and Girls in all grades

Student Name: _____

Homeroom Teacher: _____

Grade: _____

1st Parent/Guardian Name: _____

1st Parent/Guardian Contact Number: _____

2nd Parent/Guardian Name: _____

2nd Parent/Guardian Contact Number: _____

Being the parent/legal guardian, I hereby grant permission for my child to participate in Lilburn Middle School's Running Club. This program will be held for ___ weeks during the 1st and 2nd semester.

** Students will be informed the day prior to activity if the club is cancelled due to inclement weather or circumstances.

Parents, please initial below if you agree:

___ I understand that it is my responsibility to provide insurance coverage for my child.

** This can be done by using the family insurance plan you already have, or by purchasing insurance coverage through Gwinnett County Public Schools.

___ I understand that it is my responsibility to pick my child up on time, 5:30pm and NO LATER. If my child is not picked up by 5:30pm, they will receive a **warning** unless I notify the coach on the situation. If the coach is not notified, my child will not be able to continue in the program.

STUDENTS MUST RETURN TO GRADE LEVEL ACADEMY TO PARTICIPATE!

Parent/Guardian Signature: _____ Date: _____

Students should report to _____ after 2nd wave bus call for practice.

** If you have any questions, or concerns, please email Coach Carter at Priscellia_O_Carter@gwinnett.k12.ga.us or Coach Lamb at Ansley_Lamb@gwinnett.k12.ga.us.