



Lampeter-Strasburg Spring Cross Country Clinic



Who May Attend: Boy/Girls in 3rd - 6th grade

Dates: May 16, 18, 20 (Mon/Wed/Fri)

Times Monday and Wednesday:

- Grades 3-4 → 3:45 - 5:00 PM
- Grades 5-6 → 5:00 - 6:30 PM

Times Friday:

- Grades 3-4 → 3:45 - 6:15 PM
- Grades 5-6 → 3:30 - 6:15 PM
- 3:30 - 4:15 – preview course & warm up
- 4:15 – 3rd/4th grade girls race
- 4:30 – 3rd/4th grade boys race
- 4:45 – 5th/6th grade girls race
- 5:15 – 5th/6th grade boys race
- 5:45 – awards, refreshments and short presentation from high school athletes

Where: Clinic will start and end at the high school track and will be held rain or shine (cancelled if there is lightning)

Items Needed for Clinic:

- Water bottle (filled)
- Appropriate clothing for running
- Running shoes that fit

Clinic Features:

- Instructions for warm ups
- Core strengthening exercises
- Distance running instructions
- Interaction with current high school runners
- Healthy snack
- Mini cross country meet on Friday
- Opportunity to hear how Cross Country has impacted current runners
- Tons of Fun!!

Clinic Staff:

- Current L-S Cross Country Coaches
- Current L-S runners

Arrival at Track:

- 3rd/4th graders from Hans Herr Elementary will be picked up by a L-S clinic representative and walked to the track (5th graders on Fri).
- 5th/6th graders will arrive at the track at 5:00 PM on Mon and Wed.
- 6th graders on Fri will wait for “all others” to be dismissed, go to lockers, and meet in the lobby with a clinic representative and walk to the track.

Have Questions? Email Coach Mari Cunningham mmcham@comcast.net

Cost:

\$25 covers snacks, awards, handouts

Register by May 1st

Registration, permission form and checks* mailed to:

Mari Cunningham, L-S High School
1600 Book Rd, PO Box 428
Lampeter, PA 17537

****Please make checks payable to L-S Cross Country Boosters. You can also pay by Venmo (@LSXC-BoosterClub).***

Lampeter-Strasburg Spring Cross Country Clinic Registration & Waiver Form

I give my child permission to participate in the Lampeter-Strasburg Spring Cross Country clinic. I assume all responsibility for accidents, medical, dental, or other expenses incurred as the result of accidents sustained during participation at the spring cross country clinic. I also certify that my child is in good health and able to participate in all clinic activities.

Parent/Guardian Name(s): _____

Parent/ Guardian Signature(s): _____ Date: _____

Participants 's Name: _____ Grade: _____ DOB: _____

Participant's Address _____

Phone #s Home: (____) ____ - ____ Cell: (____) ____ - ____

Parent Email(s) for future camp/clinic & weather issues (please list any email you would like added to our database to receive updates, mailings, etc.):

The following people are permitted to pick my child up from the spring clinic:

1. _____ Cell number _____
2. _____ Cell number _____
3. _____ Cell number _____

EMERGENCY USE ONLY: Medical Insurance Information

Company Name _____ Policy Number _____

In case of emergency, parent home & cell will be contacted first. If we are not able to reach parent, an additional emergency contact is:

Name: _____ (relationship _____) at phone # _____

I do _____ do not _____ give permission for my child to be photographed in conjunction with cross country related events/activities and give permission for the photographs to be used in district and local multimedia publications.

Registration:

Registration postmarked by May 1st

- \$25.00

L-S Spring Cross Country Clinic Permission Form – for after-school pickup of players in grades 3-5 from Hans Herr Elementary School

I give permission to the Lampeter-Strasburg Cross Country Clinic Coaches to pick up my child, _____, in grade _____, at Hans Herr Elementary School. I agree for him/her to be escorted from the school to the track by a L-S clinic representative after school on May 16th, 18th, and 20th to participate in the L-S Spring Cross Country Clinic.

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____ Date: _____