

Join Fischer's Running Club!



Who can participate? All students grades 1-5 are eligible to join the club.

When does it take place? Each Thursday, Fall and Spring Season, during lunch recess, starting September 15th.

Who is in charge? PTA parent, Pearl Boardwine Other parents will be present to assist.

What if I have questions? Contact Pearl Boardwine: pbphoto2012@yahoo.com.

Anything else? Depending on the condition of the field, participants may get a little dirty.



Running Club Pledge

I promise to try my best to stick with Fischer's
Running Club through the end of the season.

I commit to actively participate each Monday, unless I am sick or absent. I will do my best and have fun!!!

Participant Signature: _____ Grade/Teacher: _____

WAIVER AND RELEASE OF ALL CLAIMS: ELMHURST COMMUNITY UNIT SCHOOL DISTRICT 205 for Running Club 2022-2023.

As the parent or legal guardian of the below named minor, I give authorization for said minor to participate in the activity known as Fischer Running Club at Elmhurst Community Unit School District 205. I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or losses which I may sustain as a result of my activities. I do hereby fully release and discharge Elmhurst Community Unit School District 205, including its Board of Education, members, officers, agents, servants, independent contractors and employees (hereinafter referred collectively as the "School District") from any and all claims from injuries, damages or losses which the below named minor may have or which may occur while participating in Fischer's Running Club.

In the event of a medical emergency, I give my permission to the representative of District 205 to act on the below named minor's behalf. If medical attention is necessary, I understand that I am responsible for all bills that are associated with the treatment and will not hold the employee of District 205 liable for seeking medical treatment. I have read and fully understand the nature of the above Waiver and Release of All Claims.

Participant Name: _____ Date Signed: _____

Parent Name: _____ Parent Signature: _____

Parent Email: _____

Are you able to be a parent volunteer? Yes No (please circle one)

RETURN TO YOUR CHILD'S TEACHER AS SOON AS POSSIBLE TO ENSURE PARTICIPATION