



CROSS COUNTRY TEAM

Fall 2019 • Grades 3-9

Coach Mike Czech is back this Fall! New and returning team members are encouraged to join for professional training, endurance running, and 5K competitions!

The cross country team is a co-ed travel sport for Springfield residents and children in Springfield schools in grades 3-9.
The team meets on WEDNESDAYS from 4:30-5:30 pm, and FRIDAYS from 4:30-5:30 pm at Meisel Avenue Park.

PRE SEASON

Thursday, August 1st-Tuesday, September 10th

Train on your own with a program provided by the coach.

RACE SEASON

Wednesday, September 11th-Sunday, November 1st

(End date may be extended once all races are finalized.)

Team practices and official races.

TWO FEES

\$75 (Payable to Township of Springfield. See below for payment options.)

\$225 (Payable to Coach Michael Czech)

INCLUDES

Uniform to keep, pre-season training program, professional coaching instruction, race entry fees, and end-of-season party.

No refunds are provided after Monday, August 5th.

Register by mail or in person at the Springfield Recreation Department.

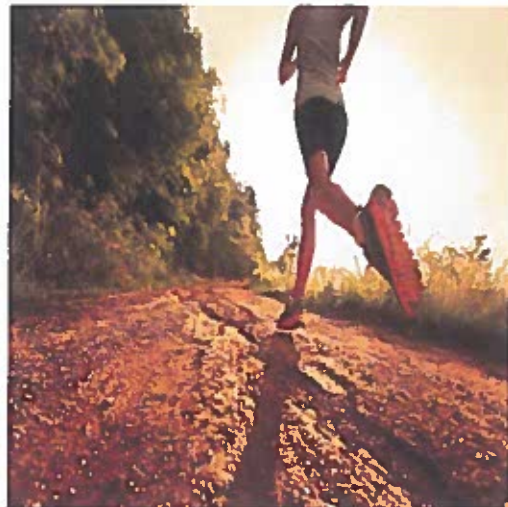
Or register online with a Visa, Mastercard, or Discover at

<https://register.communitypass.net/springfield> (\$0 processing fee for credit cards)

Chisholm Community Center • 100 South Springfield Avenue • (973) 912-2227

Monday-Friday @ 8:00 am-6:00 pm

Questions? Contact Daniel Hesse, Recreation Program Coordinator, at daniel.hesse@springfield-nj.us.



CROSS COUNTRY TEAM – FALL 2019

FIRST NAME _____ LAST NAME _____

GRADE _____ SCHOOL _____ DATE OF BIRTH _____

SHIRT SIZE (CIRCLE ONE) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

SHORT SIZE (CIRCLE ONE) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

STREET ADDRESS _____ TOWN _____

HOME PHONE _____ PARENT CELL PHONE _____

EMAIL _____

HEALTH CONCERNS/PHYSICAL LIMITATIONS/ALLERGIES/INHALER/EPI-PEN/GLUCAGON/ACCOMMODATIONS REQUESTED _____

My child has been examined by a physician, and to the best of our knowledge is physically fit to participate in this recreation program. Permission is hereby granted to engage in this activity. The Township of Springfield, employees, or coaches will not be liable for any injury incurred from practices or games. I understand that parks and community center are open to the public, and members of the public and the press may advertently or inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I understand that under state law, participants who normally wear corrective eyeglasses must wear protective shatterproof eyewear during sports activities. I hereby authorize representatives of the Springfield Recreation Department to give consent for any and all necessary emergency First Aid or medical care for my child while he or she attends this program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____