



RUNNING CLUB

Fall 2019 • Grades K-8th

Our co-ed Running Club with Coach Mike Czech helps improve your child's speed and agility!

Physical fitness training is an important life lesson for all children and young athletes. In the Running Club, children learn to run faster over short distances. Agility drills and injury prevention techniques will also be covered, as well as an introduction to endurance running.

The Running Club is open to Springfield residents and children in Springfield schools. A minimum of six children are required. In the event of inclement weather, every effort will be made to reschedule outdoor classes. No refunds are provided.

Session 1

Mondays from September 9th-October 21st, at Meisel Avenue Park

No class on Monday, October 14th

Grades K-2nd @ 4:30-5:00 pm

Grades 3rd-8th @ 5:00-6:00 pm

Session 2

Mondays from October 28th-December 9th, at Chisholm Community Center

No class on Monday, November 11th

Grades K-2nd @ 4:30-5:00 pm

Grades 3rd-8th @ 5:00-6:00 pm

Cost: \$75 per session (payable to Township of Springfield)

Includes: Professional coaching instruction, apparel item

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

RUNNING CLUB - FALL 2019

CHOOSE: SESSION 1 _____ SESSION 2 _____ BOTH SESSIONS _____

FIRST NAME _____ LAST NAME _____

GRADE _____ SCHOOL _____ DATE OF BIRTH _____

SHIRT/TOP SIZE (CIRCLE ONE) YXS YS YM YL YXL AS AM AL AXL

SHORT/PANT SIZE (CIRCLE ONE) YXS YS YM YL YXL AS AM AL AXL

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 _____