



**WHO:** Students Grade 4<sup>th</sup> and 5<sup>th</sup>

**WHEN:** September 12<sup>th</sup> – October 10<sup>th</sup>

Tuesdays and Thursdays 3:15 pm – 4:15 pm

**WHERE:** Elementary School – Meet outside Elementary

School by blacktop area and Playground equipment, look for Diana Karls. Practice will include group runs (supervised throughout the community), fun drills and running technique instruction.

**OTHER:** Wear tennis shoes and clothing suitable for the weather conditions. We will have practice regardless of the weather. We generally get to participate in a few Middle School Cross Country meets, this is optional and group transportation is not provided.

**Tentative Meets (subject to change)**

- Monday September 25 @ Portage
- Thursday October 5 @ Lodi
- Monday October 9 @ Columbus

**COST**  
**\$25**

**Online  
Registration  
Preferred!  
Scan Our QR  
Code**



By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **Lodi School District Recreation and Education Program** activities and events organized by **The School District of Lodi**. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I also grant permission for CREW to post photos on social media and the website. I am 18 year of age or older and mentally competent to enter into this waiver.

Any Questions Contact 592-1076 Drop Off Form to: Pool Lobby Mail Off Form to: Lodi CREW 115 School St Lodi WI 53555	Student Name: _____ Students Grade: _____ Cost: \$25 <b>Method of Payment:</b> <input type="checkbox"/> Check (make payable to Lodi CREW) <input type="checkbox"/> Cash (drop off only) <input type="checkbox"/> Register On-line	Parent Name _____ Address _____ Phone _____ Email _____ Parent Signature _____
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**Youth Cross Country Team – Fall I 2023**