



Aronimink Running Club

We are excited to announce that Aronimink will continue the Running Club this school year in preparation for the 2026 Brad Schoener 5K, scheduled for May 16, 2026. This year, we will collect a club registration fee of \$20 per student. (\$15 for race registration and \$5 for a team shirt) There will be no refunds. If you have any financial difficulties, please contact one of the coaches, and we can find a solution to assist in this process.

In addition, if your child is required to get a physical to participate in running club. Physicals can be completed at your doctor's office or locations such as Urgent Care, CVS, Rite Aid, etc. If your child has received a physical within the last year, you will need to request the PIAA forms to be completed by the doctor's office.

The permission form, PIAA forms, and money need to be turned in at the same time. All items are due by Friday, February 27th. Applications received after the deadline will not be accepted.

We invite 3rd, 4th, and 5th-grade students to participate in the running club. **The practice will be held from 3:30 to 4:30.** Below you will find our scheduled practice dates:

- **Monday, March 2**
- **Monday, March 9**
- **Monday, March 16**
- **Monday, March 23**
- **Monday, April 6**
- **Monday, April 13**
- **Monday, April 20**
- **Monday, April 27**
- **Monday, May 4**
- **Monday, May 11**

Important information:

- Students must arrange to be picked up, go to aftercare, and walk home after practice. (See attached form)
- Students are required to attend all practices.
- **Please do not register your child for the race online.** To join the Aronimink team, you must send a check or cash to the school with the registration form completed.

We are looking forward to continuing the running club at Aronimink this year. Please contact us with any questions.

Thank you,
Running Club Coaches
Rebecca Schaefer
Lauren Oaster
Alexa McMeaken



Aronimink Running Club Permission Form #1

ALL PAPERS AND MONEY MUST BE COMPLETED AND RETURNED TO SCHOOL BY FRIDAY, FEBRUARY 27th. Applications received after will not be accepted.

Student's Name _____

Teacher's Name _____

Grade _____ Room # _____

_____ Yes, I give my child permission to participate in the Aronimink Running Club every Monday, beginning the week of March 2 and ending the week of May 11th from 3:30-4:30.

Parent Name (Please Print) _____

Parent Email _____

Parent Cell Phone Number (In case of Emergency): _____

My child's dismissal plan after running club will be: (Please select one)

_____ walk home

_____ get picked up

_____ go to aftercare

If getting picked up, please provide the name and contact information. If multiple people are picking them up, please provide their names.

Name: _____

Phone Number: _____

Form #1 – Section 1 Needs to be completed by a parent/guardian.

Form #2 – Section 6 Needs to be completed by an Authorized Medical Examiner. If you already have a completed physical, please attach it. You will not need to fill out form #2



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st or the conclusion of the spring sports season.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 8 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 9 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/_____ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware _____

Student's Prescription Medications and conditions of which they are being prescribed _____

**SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School _____ Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____ / _____ (_____ / _____ , _____ / _____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED** with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ____/____/____