



Lampeter-Strasburg Spring Cross Country Clinic



Who May Attend

Boys and Girls, grades 3 to 6

Dates

May 11, 12, 14 (Mon, Tue, Thurs)

Times Monday and Tuesday

- * Grades 3, 4: 3:30 – 5:00 pm
- * Grades 5, 6: 5:00 -- 6:30 pm

Times Thursday- Race Day!

- * Grades 3, 4 & 5: 3:30 - 6:00
- * Grade 6: 2:40 – 6:00
- * 3:30: preview course & warm up
- * 4:15: 3rd & 4th grade girls & boys race (1.5 miles)
- * 4:35: 3rd and 4th grade girls & boys race (2 miles)
- * 4:55: 5th and 6th grade girls & boys race (2 miles)
- * 5:30: awards, refreshments and presentation with high school athletes

Where Clinic will start and end at the high school track and will be held rain or shine (cancelled if there is lightning)

Items Needed

- * Water Bottle (filled)
- * Appropriate Clothing for Running
- * Running Shoes that Fit Well

Clinic Features

- * Instructions for Warm Ups
- * Core Strengthening Exercises
- * Distance Running Instructions
- * Interaction with High School Runners
- * Healthy Snack
- * Mini Meet on Thursday
- * Tons of Fun!

Staff

- * Current L-S Cross Country Runners and Coaches

Arrival at Track

- * 3rd and 4th graders from Hans Herr will be picked up by a clinic representative and walked to the track. (5th graders on Thursday)
- * 5th and 6th graders will arrive at the track at 5:00 on Monday and Tuesday.
- * 6th graders will wait on Thursday for “all others” to be dismissed, go to lockers, and meet in the lobby with a clinic representative to walk to the track.

Questions? Email Coach

Drouillard at dlards@yahoo.com

Cost

\$25.00 covers snacks, awards, handouts

Register by May 1

Mail registration forms and checks:

(payable to L-S Cross Country Boosters)

Cheryl Drouillard
1730 Pioneer Road
Lancaster PA 17602

*Or pay by Venmo
@LSXC-BoosterClub



Lampeter-Strasburg Spring Cross Country Clinic



Lampeter-Strasburg Spring Cross Country Clinic Registration & Waiver Form

I give my child permission to participate in the Lampeter-Strasburg Spring Cross Country clinic. I assume all responsibility for accidents, medical, dental, or other expenses incurred as the result of accidents sustained during participation at the spring cross country clinic. I also certify that my child is in good health and able to participate in all clinic activities.

Parent/Guardian Name(s): _____

Parent/ Guardian Signature(s): _____ Date: _____

Child's Name: _____ Grade ____ DOB _____ Boy ____ Girl ____

Child's Address _____

Phone #s Home: (_____) _____ - _____ Cell: (_____) _____ - _____

Parent Email(s) for future camp/clinic & weather issues (please list any email you would like added to our database to receive updates, mailings, etc.):

The following people are permitted to pick my child up from the spring clinic:

1. _____ Cell number _____
2. _____ Cell number _____
3. _____ Cell number _____

EMERGENCY USE ONLY: Medical Insurance Information

Company Name _____ Policy Number _____

In case of emergency, parent home & cell will be contacted first. If we are not able to reach a parent, an additional emergency contact is:

Name _____ (relationship _____) at phone _____

I do _____ do not _____ give permission for my child to be photographed during with cross country related events/activities and give permission for the photographs to be used in district and local multimedia publications.

Registration postmarked by May 1st (\$25.00)

L-S Spring Cross Country Clinic Permission Form – for after-school pickup of athletes in grades 3-5 from Hans Herr Elementary School

I give permission to the Lampeter-Strasburg Cross Country Clinic Coaches to pick up my child, _____, in grade _____, at Hans Herr Elementary School. I agree for him/her to be escorted from the school to the track by a L-S clinic representative after school during the L-S Spring Cross Country Clinic and to participate in the L-S Spring Cross Country Clinic.

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____ Date: _____