

INTRAMURAL CROSS COUNTRY
Union Students (Boys & Girls) in Grades 1-6
CROSS COUNTRY REGISTRATION - May 20 - July 8, 2026

COST IS ONLY **\$50.00** per student

*** Late Registrations (received after July 8) will COST \$65.00 per student. ***

GENERAL INFORMATION

Intramural Cross Country is conducted differently than other intramural sports. The goal of our program is to develop the basic skills for running cross country and to improve physical wellness, develop camaraderie, and instill discipline.

The session will end with running in a Cross Country Meet.

WEEKLY SESSIONS

Every Tuesday and Thursday from 7pm-8pm starting July 14 through August 6, 2026
at the High School Track, 6636 S. Mingo Rd, Tulsa, OK 74133.

REGISTRATION/FINANCIAL QUESTIONS:

E-MAIL: unionintramurals@unionps.org

VOICEMAIL: 918-357-7404

CROSS COUNTRY QUESTIONS:

E-MAIL: dial.timmy@unionps.org

Tim Dial - Varsity Cross Country/Track Coach

THREE WAYS TO REGISTER

IN PERSON TAKE FORM &
CASH/CHECK/CREDIT CARD

ONLINE - CREDIT CARD

<https://ok-union.intouchrecepting.com>



use the camera on
your phone to
access the QR Code

U-Wear Store

1st Floor of UMAC - M-F 10am-5pm

Union Athletic Department

2nd Floor of UMAC - M-F 9am-3pm

BY MAIL - MAIL FORM & CHECK

Union Athletic Department

c/o Union Intramural Sports

6836 S. Mingo Rd.

Tulsa, OK 74133

CUT OFF TOP PORTION (ABOVE DOTTED LINE) OF THIS REGISTRATION FORM AND KEEP FOR YOUR REFERENCE

INTRAMURAL CROSS COUNTRY

PLEASE PRINT CLEARLY

Student's Name: _____

male

female

T-Shirt Size:

(check one)

YS

YM

YL

AS

AM

AL

AXL

Grade: _____

Parent/Guardian: _____

Primary Phone #: _____

Parent/Guardian Email: _____

Secondary Phone #: _____

I understand that my student is participating voluntarily and I will not hold Union Public Schools, employees, intramural volunteers, or Board of Education responsible for any injury received while participating in this activity. I realize that participating in sports can be dangerous and serious injuries may result. My student has my permission to participate and I give permission for my student to receive medical care in the event I am unavailable for consent.

Signature of Parent/Guardian (invalid without signature)

Date