



Cross Country (XC) running is a sport in which teams and individuals run a race on open-air courses over natural terrain rather than on a road or track. The course may include surfaces of grass and earth, pass through woodlands and open country, and include hills, flat ground and sometimes gravel road.

Ages

Boys and Girls ages 6-14

Fee

\$50 Includes T-shirt, All regular meet fees, CMAC fee

Season

The season takes place in the fall months (August-November). Practices will begin on August 23, 2016, and will be held on Tuesdays and Thursdays from 6:00-7:00pm in order to prepare runners for their first meet on September 3rd. Meet schedule will be available by the first practice and the Championship meet completing the season will be held in early November. With the season being in fall and winter, there can be inclement weather such as rain, hail, sleet, snow, and wind. None of these conditions will stop the meet. It is both an individual and team sport; runners are judged on individual times and a points-scoring method for teams. The top 5 kids by age/gender will be rewarded with medals at each meet.



Distances We Run

Official CMAC race distances are as follows:

- 6-8 year olds.....2K (1.24 miles)
- 9-10 year olds.....3K (1.86 miles)
- 11-12 year olds...3K (1.86 miles)
- 13-14 year olds...4K (2.49 miles)

Contact: Charlene Jackson dzur626@aol.com

Coaches: Charlene Jackson & Dustin Griffith

Complete and mail with registration fee to:

Charlene Jackson
14707 Sunnyslope
Hallsville,MO 65255

Athlete's Information:

Athlete's Name: (Last/First/Middle) _____

Gender: M F

Grade: _____ School: _____

Date of Birth: (Month/Date/Year) _____

Mailing Address:

City: _____ State: _____ Zipcode: _____

Telephone # _____ Alt. #: _____

Email Address:

Parent/Guardian Information

Parent/Guardian #1: (Last/First/Middle)

Mailing Address:

City: _____ State: _____ Zipcode: _____

Telephone # _____ Alt. #: _____

Email Address:

Parent/Guardian #2: (Last/First/Middle)

Mailing Address:

City: _____ State: _____ Zipcode: _____

Telephone # _____ Alt. #: _____

Email Address:

**Email is our primary communication of announcements and coach contact. Please make sure your email information is printed clearly. If you do not receive an email from the club after registering, please contact your coach to make sure that your address is correct.

I hereby grant permission for my child to participate in the 2015 Hallsville Optimist Trailblazer Cross-Country Season

Parent Signature: _____ Date: _____

MEDICAL AUTHORIZATION WAIVER AND INSURANCE RESPONSIBILITY ACKNOWLEDGEMENT FORM

I, the parent/legal guardian of _____

If you completed a multiple athlete form, please include each athlete's full name in these blanks

hereby authorize the coaches, assistants, assigned chaperones and representatives of the Hallsville Optimist Trailblazers Cross-Country Club to seek medical treatment, (to include anesthesia) for my child, a member of said club, in an emergency situation. I also authorize that the same representatives of the Hallsville Optimist Trailblazers Cross-Country Club be allowed to sign for medical treatment in non-emergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my heirs and personal representatives to waive and release all claims for damages I may now hereafter have arising out of the above named person's participation in any activities of the Hallsville Optimist Trailblazers Cross-Country Club. I further state that to my knowledge, the above named athlete has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level. At any time a previously unknown condition becomes evident, I agree to immediately inform the staff of the Hallsville Optimist Trailblazers Cross-Country Club and obtain medical clearance if necessary for continued participation.

I acknowledge that the Hallsville Optimist Trailblazers Cross-Country Club does not provide individual insurance coverage for club members and agree to provide a current copy of the above named athlete's medical insurance coverage. I further agree to be solely responsible for any expenses incurred as a result of an injury sustained while participating in a club attended event.

Parent Signature: _____ Date: _____

Primary Care Physician:

Name:

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #:

Hospital Preference:

Insurance Carrier: _____ Insurance Policy # _____

Emergency Contact #1 (Name & Telephone) _____

Emergency Contact #2 (Name & Telephone) _____

List any medication(s) your athlete is taking and the reason for taking it:

List any medical, allergies, or other conditions that should be considered in making a treatment decision:

PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I, the parent or legal guardian of _____ If you completed a multiple athlete form, please include each athlete's full name in these blanks

Minor(s), for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, acknowledge that participation in track & field travel, play/practice in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. On behalf of the above named athlete, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risks.

On behalf of the above named athlete, I further acknowledge that the Hallsville Optimist Trailblazers Cross-Country Club is primarily administered by volunteers and not paid professionals. On behalf of the above named athlete, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation. I understand that I risk dismissal from the team without refund for failure to comply with the rules, regulations, and guidelines of the Hallsville Optimist Trailblazers Cross-Country Club or for behavior deemed inappropriate or detrimental to the mission of the team.

In consideration of accepting the registration and permitting the voluntary participation of the above named participant in its programs, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, I hereby release, discharge, indemnify and agree to hold harmless the Hallsville Optimist Trailblazers CrossCountry Club, it's volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by the Hallsville Optimist Trailblazers Cross-Country Club, and the agents, employees, officers and directors of said person or entities from any and all claims, demands, costs expenses and compensation arising out of or in any way related to any injury or other damages that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Hallsville Optimist Trailblazers Cross-Country Club attended event, including any physical or other injury caused by the negligence of any person or entity described above.

ACKNOWLEDGE AND CONSENT: For both internal and external use, I acknowledge that the Hallsville Optimist Trailblazers Cross-Country Club may compile and use photographs and video images of the above named individual, a minor, for use in all club related publications to include but not limited to videos, website, and written materials such as Sponsorship Packets or club advertisements. I hereby waive all rights to monetary compensation resulting from the use of images of the above named athlete.

I give Hallsville Optimist Trailblazers Cross-Country Club consent to use photos or video images of my child.
Yes _____ No _____

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE NAMED ATHLETE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE ATHLETE.

DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE