

## Millbridge Running Club 2017 - 2018

Our Running Club at Millbridge Elementary is open to all third, fourth, and fifth grade boys and girls. You don't have to be a runner to join. We take walkers as well! Members are required to complete the application, which does include an updated sports physical (2017). The sports physical form and completed application must be turned into me before a student will be allowed to participate.

Our members will be running on the outside perimeter of the school and will be completing laps, each being 4/10 of a mile. There will also be a few weeks in which they will be participating in running activities and games by rotating through three different centers. Running Club will meet the first and second Wednesday of every month. With dismissal at 3:30, running club members will come to the cafeteria, eat the snack they bring, and write in their running journals. We will take them outside after car rider dismissal, approximately 3:50. Students must be picked up by 4:30 pm.

Our first Running Club date will be **Wednesday, October 4.**

The application contains four pages:

1. Physical Examination Report (Parent Information & Student/Parent Agreement)
2. Physical Examination Report (Medical Report to be **completed by your child's Physician**)
3. RSS Parent Permission Form for Extracurricular Student Clubs

### Parent and Student Contract for Running Club

#### Student Agreement

1. I understand that the running club is staffed by both teacher and parent volunteers. I agree to respect the adults and the school behavior expectations.
2. I agree to keep passing grades on my report cards and a clean school discipline record.
3. I agree to keep my hands and feet to myself. I understand that running club is not a contact sport. I understand that safety is a priority for myself and others.
4. I agree to be physically active and try my best.
5. I agree to have fun!

#### Parent Agreement:

1. I understand that the running club is staffed by both teacher and approved parent volunteers. I expect my child to show respect to the supervising adults and follow the school behavior expectations.
2. I understand that my child must keep passing grades on his/her report card and a clean school discipline record.
3. I understand that if my child does not follow the behavior expectations of keeping their hands and feet to themselves, then they may be suspended from one running club session. I also understand that if they cause harm to another student they may not be allowed to participate in running club for the remainder of the school year.
4. I will provide transportation and agree to pick my child up from running club by 4:30 on designated running club days. I understand that if I am late three times, my child will not be able to participate in running club.
5. I have reviewed and answered each medical question. Every question is answered completely and is correct to the best of my knowledge.

**Running Club Dates:**

October 4 & 11

November 1 & 8

December 6 & 13

January 3 & 10

February 7 & 14

March 7 & 14

April 4 & 11

Please print and complete all three forms BEFORE returning the application to me. I will email you a "Welcome to Running Club" letter once I have your child's completed application.

If you have any questions, please feel free to email or call me. I'm looking forward to another great year!

Sincerely,

Mrs. Graff, School Counselor Millbridge Elementary [graffcc@rss.k12.nc.us](mailto:graffcc@rss.k12.nc.us)  
(704) 855-5591

**Millbridge Running Club**  
**Physical Examination Form (Parent Information and Contract)**

Student Name: \_\_\_\_\_  
(First) (Last)

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical History (explain all “yes” answers):

1. Has the athlete ever sustained an injury, which prevented him/her from playing sports for more than one day? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Has the athlete had any of the following injuries? (check all that apply)

- |                        |                     |                          |
|------------------------|---------------------|--------------------------|
| _____ Skull Fracture   | _____ Brain Surgery | _____ Extremity Numbness |
| _____ Back Injury      | _____ Broken Bone   | _____ Concussion         |
| _____ Exhaustion       | _____ Fainting      | _____ Back Pain          |
| _____ Deep Bruise      | _____ Knee Locking  | _____ Heat Stroke        |
| _____ Knee/Shin Injury | _____ Sprain/Strain | _____ Joint Dislocation  |
| _____ Neck Injury      | _____ Other         |                          |

3. Does the athlete have a history of and/or take medication (specify) for any medical diagnosis?

- |                                    |                            |                            |
|------------------------------------|----------------------------|----------------------------|
| _____ ADD/ADHD                     | _____ Arthritis            | _____ Psychiatric Disorder |
| _____ Diabetes                     | _____ Frequent Nose Bleeds | _____ Heart Problems       |
| _____ Hemophilia/Bleeding Disorder |                            | _____ Orthopedic Problems  |
- \_\_\_\_\_ Seizures – Date of last seizure: \_\_\_\_\_
- \_\_\_\_\_ Sickle Cell Disease – Date of last crisis: \_\_\_\_\_
- \_\_\_\_\_ Severe Allergies requiring Epipen – Allergic to: \_\_\_\_\_
- \_\_\_\_\_ Asthma – Date of last asthma attack: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

4. **Phone Numbers** you can be reached at: Home: \_\_\_\_\_

Mother: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Father (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Relative Name and number \_\_\_\_\_

5. **Email address for future communication:** \_\_\_\_\_

6. My child and I have read the **Student Agreement and Parent Agreement**. We understand and agree with the expectations of Running Club.

\_\_\_\_\_  
(Parent Signature)

Millbridge Running Club  
Physical Examination Form  
**Medical Report**

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**RESULTS OF PHYSICAL EXAMINATION**

Date of physical examination: \_\_\_\_\_

Cleared with no exemptions: \_\_\_\_\_ Yes \_\_\_\_\_ No

Cleared with exemptions: (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not permitted to participate in sports at this time: (Please explain)

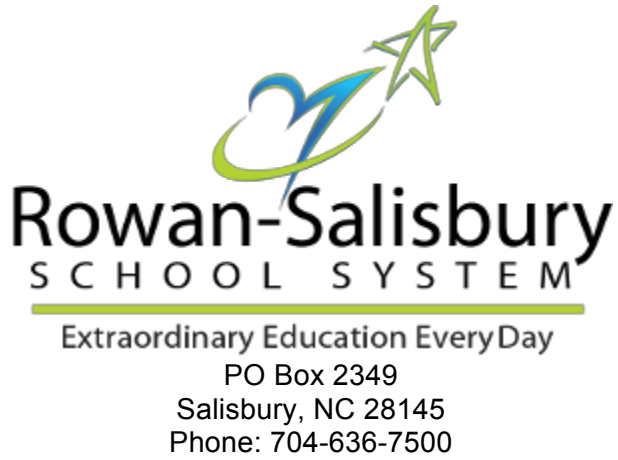
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL PROVIDER'S INFORMATION**

Physician's Name: (Please Print) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**"PLACE CLINIC STAMP HERE"**



**Parental Permission Form  
Student Participation in Extracurricular Student Clubs**

The Rowan-Salisbury School System believes that extracurricular activities are a vital part of the total education program. Pursuant to Board Policy 1310 (Parental Involvement), parental permission is required for student participation in all extracurricular activities, clubs and athletics. Extracurricular clubs meet during non-instructional hours (e.g., before school, after school).

This form must be signed by a parent or legal guardian and returned to the club advisor before a student joins an extracurricular club. Please refer to the Rowan-Salisbury Schools Athletics Manual for forms related to student participation in interscholastic athletics.

**Club Name:** Millbridge Elementary Running Club

**Club Advisor(s):** Mrs. Graff

**Name of Student:** \_\_\_\_\_

I hereby give my permission for my child to participate in the above named club.

**Name of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_