



# Liberty Bell Running Club

Sponsored by Heritage High School Coaches and Volunteers



**PRIDE  
CHARACTER  
EXCELLENCE**

**Who:** Open to both Girls and Boys! All incoming 3rd-8th graders are encouraged to attend!

**Why:** This program will introduce distance running to young athletes with emphasis learning the basics of running while having fun while in a safe environment.

**When/Where:** Practices will start and end at the **Heritage High School Track 1401 W. Geddes Ave. Littleton.** The Lee Gulch Trail/Highline Canal Trail systems may also be utilized. Practices will be held on every **Monday, Wednesday and Friday from 9:00 am- 10:30 am beginning June 5-July 7.**

**How:** Program Fee \$60

Please send payment and registration forms to:

**Lori Lee, Heritage High School, 1401 W. Geddes Ave., Littleton. Checks payable to Heritage High School Athletics.**

**Deadline to Register:** Registration must be sent by Friday, May 26, 2017. For more information or any questions, please call or email Coach Jordan Fidler at (cell) (419)-572-6389 or at [jfidler@lps.k12.co.us](mailto:jfidler@lps.k12.co.us).  
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**T- Shirt Size:** (Please Circle)      YS      YM      YL      AS      AM      AL      AXL

**Patricipant's Name/Address:** \_\_\_\_\_

Incoming Grade Level:

\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Liberty Bell Running Club Release for Participants:**

I, the parent or legal guardian of \_\_\_\_\_, hereby give permission for my child to participate as a member of the Liberty Bell Running Club and all activities associated with the program. I assume all risks and hazards incidental to such sports participation. I do hereby release, resolve, indemnify and agree to hold harmless all members of the Liberty Bell Running Club, its affiliated organizations and facilities used for programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any special consideration we should be informed of in regard to your son/daughter (medical conditions, medications, allergies, disabilities etc.)

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

Guardian Name (1): \_\_\_\_\_ Guardian Name (2): \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_