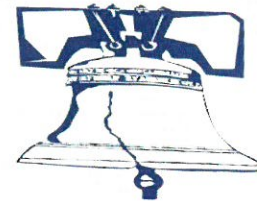




**Liberty Bell Running Club**

Sponsored by Heritage High School Coaches and Student Volunteers



**Who:** Open to both Girls and Boys! All incoming 5th-8th graders are encouraged to attend!

**Why:** This program will introduce mid-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- 10:15 am beginning June 3-June 19. (8 practices total).**

**How:** Program Fee \$50

Please send payment and registration forms to:

**Jordan Fidler, Euclid Middle School, 777 W. Euclid Avenue, Littleton, CO 80120. Checks payable to Heritage High School Athletics.**

**Deadline to Register:** Registration must be sent by Friday, May 31 2019. For more information or any questions, please email Coach Jordan Fidler at [jfidler@lps.k12.co.us](mailto:jfidler@lps.k12.co.us).

\*\*\*\*\*

**T- Shirt Size:** (Please Circle)      YM      YL      AS      AM      AL      AXL

**Participant'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: \_\_\_\_\_