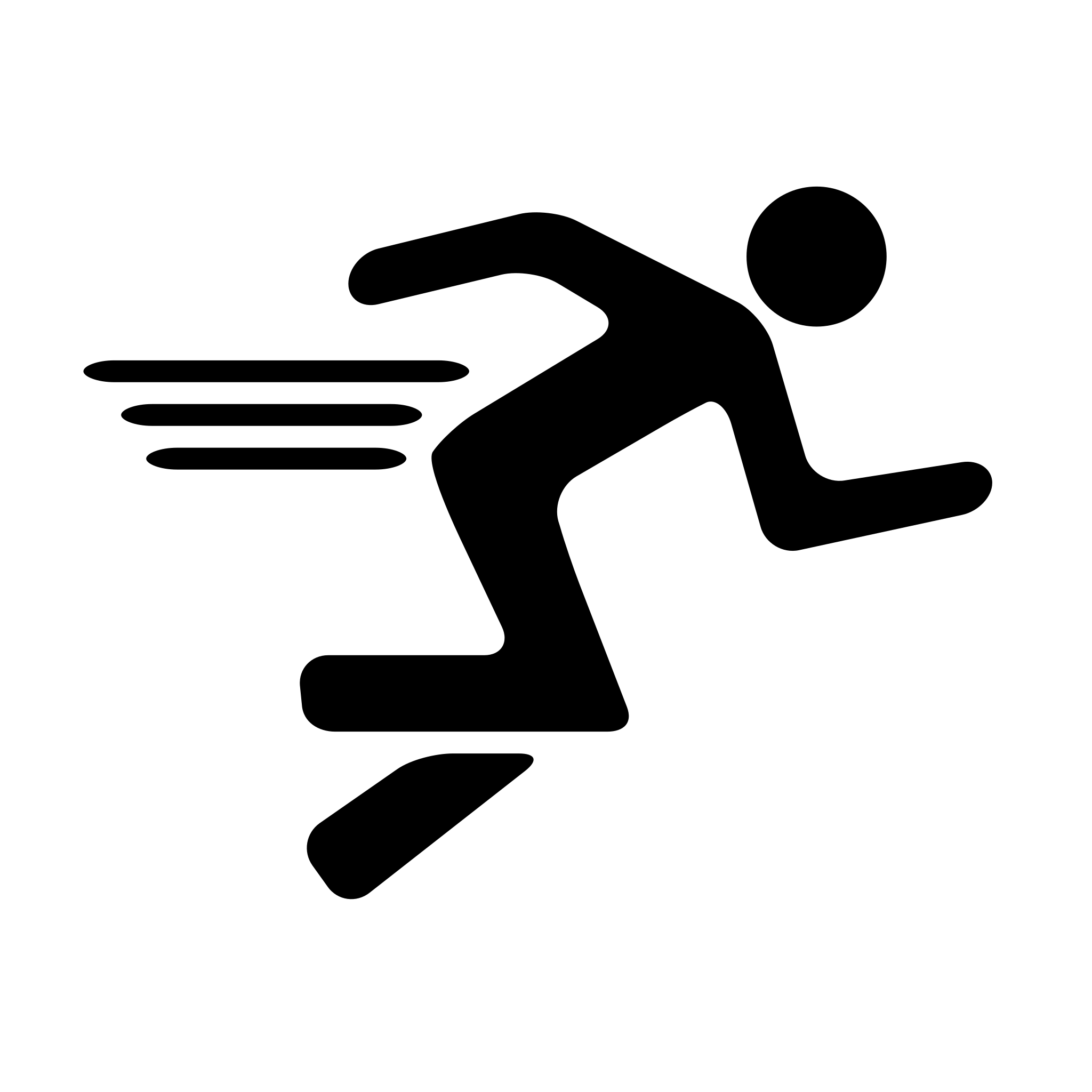
Klatt Running Club 

**Who:** Students in grades 2nd through 6th

**When:** 3:40 – 4:30 Tuesdays and Wednesdays Starting August 30th, then September 5th, 6th, 12th,13th, 19th, 20th, 26th, 27th, Oct 3rd, 4th, and our finale on Oct 7th.

*Optional Running Meets!*

*\*\*\*Coyote Classic Running Jamboree is on Saturday, September 9. This is optional and families must provide transportation to/from Kincaid Park.*

*\*\*\*Service High Running Jamboree is Thursday, September 28th. This is optional and families must provide transportation to/from Service High School.*

*\*\*\*Our Grand Finale and last meet Hit the Trails at Trailside on Saturday, October 7th, 11 a.m. This is optional and families must provide transportation.*

**Where:** Meeting in the Klatt Gym, then running in groups based on pace through trails around the school grounds

**Needs:** Parent Volunteers! In order to be successful we need you. You can choose to come just once, twice, or to all practices. Please reach out to Mrs. Colliander if you are available to help. [colliander\_sarah@asdk12.org](mailto:colliander_sarah@asdk12.org)

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***\*Wavier must be signed by Parent/Legal guardian to participate. \****

\* I hereby consent to allow participation in the ASD sports program

\* I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.

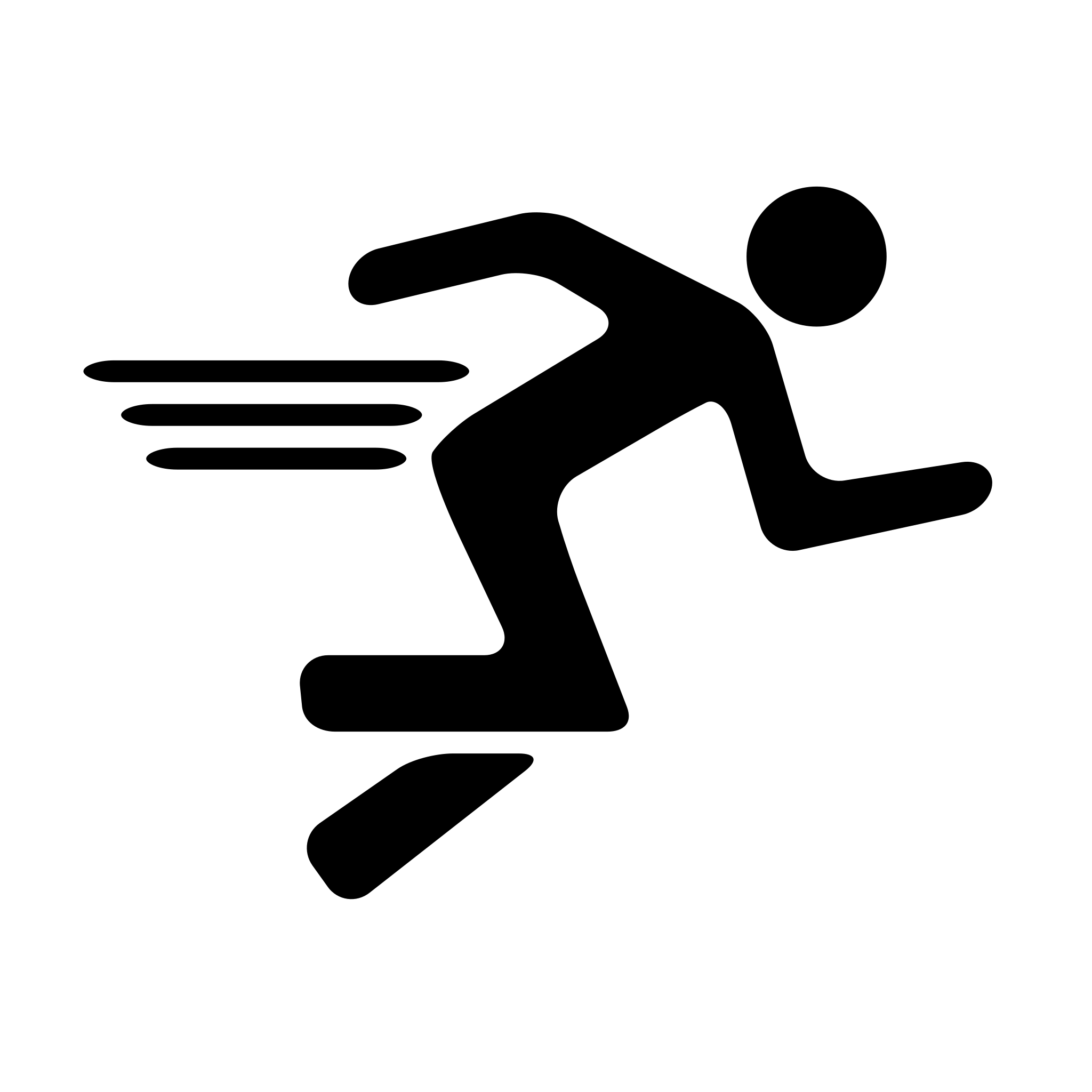
\* I hereby waive on behalf of myself and the above student, any liability of the Anchorage School District organizationally or for any of its officers, agents, employees, or volunteers for injuries sustained in the program.

\* I hereby accept legal responsibility of the below student in the event of an injury or illness.

\* I hereby accept financial responsibility of the below student in the event of injury or illness.

\* I hereby agree to notify the coach of this activity (in writing) of any existing health conditions which could impact the below-named student’s participation.

\* I hereby state that the information submitted on this form is true.

**Klatt Running Club Permission Slip**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, I can volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes I can volunteer but only for a couple of dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_