

**2009 Arrowhead Middle School Athletic Conference Cross Country Team**

The Arrowhead Middle School Athletic Conference Cross Country Program is open to any 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade boys and girls from the following AMSAC schools; Lake Country, Merton, North Lake, North Shore, Richmond, Stone Bank and Swallow. No prior running experience is required.

**Purpose:** This is intended to be an introductory Cross Country program. Our workouts will be designed so that each athlete will be able to compete in a 1-2 mile Cross Country race during the year. We will focus on proper running form; hill running, race tactics; Cross Country rules; proper nutrition; and having fun!

**When:** The 2009 Cross Country season will begin on **August 24<sup>th</sup>**. We will practice two times per week from August 24<sup>th</sup> through the week of October 6<sup>th</sup>.

**Where:** We will meet at the Arrowhead North Campus, main entrance. Practice time will normally begin at 5:45pm and end at 6:45pm. **For Safety reasons, all running will be done on the Arrowhead High School Campus.** We will not be running on the roads.

**Equipment:** Each runner should bring to practice each day a pair of running shoes in good condition; a water bottle, and comfortable running shorts and shirt. We will discuss how to dress according to the weather as the fall progresses.

**Coach:** The 2009 coach is Dan Held, a former 6 - time USA Track and Field World Championship Team member.

**Fee:** The fee for this program is \$40.00. **Fee and parent permission forms should be sent to Dan Held w255 n4810 Inverness Dr Pewaukee, WI 53072. Make checks payable to Arrowhead Cross Country.**

Each participant is responsible for their own transportation to and from Arrowhead High School for practices and competitions.

I give permission to my child \_\_\_\_\_ to participate in the Arrowhead Middle School Athletic Conference Cross Country Program. To the best of my knowledge, my child is physically capable of participating in this program and I am aware of the inherent risk of injury in this or any other physically active program. **I realize insurance for expenses related to injuries is the responsibility of the parent.**

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Phone number \_\_\_\_\_

Date \_\_\_\_\_ e-mail \_\_\_\_\_

Please complete information on the back of this form, and identify any physical conditions that could hamper your child's participation

Participation information  
Name \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Address \_\_\_\_\_ Grade level \_\_\_\_\_  
School you attend \_\_\_\_\_  
Physical Limitations \_\_\_\_\_