PINE VIEW XC SUMMER RUNNING CLUB

Parent/Guardian, please look over the following information and return it with your son/daughter on the first day of SUMMER RUNNING CLUB – Monday, June 1st – 8:30-9:45 at Washington Elementary

Students will not be allowed to participate without signed parental consent form.

==========

Student Name _____

Gender: M/F

Grade in school (2026-27 school year) _____ school _____

t-shirt size_____ (youth size) -or-_____ (adult size)

Payment $25 - Paid through pinview.org (directions at pvxc.blogspot.com)(bring receipt) _____

what to bring:

filled water bottle (water will be provided each week, but runners need their own **CLEARLY LABELED** bottle – runners CANNOT share water bottles)

light/loose clothing that won't impede running related activities and will help keep runner cool

I recognize that attendance at the PVXC Summer Running Club includes certain inherent risks associated with running and running related activities. These may include – but are not limited to – sprains, broken bones, heat associated injuries, etc… I acknowledge these risks and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against Pine View High School, Pine View Cross Country Club, Washington Elementary, Washington County School District, and any other agency involved in the PVXC Summer Running Club including its officials, agents, volunteers, sponsors, and employees.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parent contact info - phone number: _____

Emergency Contact Info (other than guardian):

contact name: _____ relation: _____

phone number: _____

---

sponsorship opportunities:

Operating our program takes a lot of money. If you – or someone you know – would like to help us keep our State Championship and Nationally ranked program growing and succeeding, please mark below.

I (or my business) would like to be a <u>sponsor for the PVXC SUMMER RUNNING CLUB</u> – (sponsorship entails a $50 donation for a logo placement on the back of the Club t-shirt – last year over 200 students earned their shirts!)

Sponsor Contact Info Name: _____email: _____ phone:_____

I (or my business) would like more information on opportunities to <u>sponsor the Pine View XC team</u>

Sponsor Contact Info Name: _____email: _____ phone:_____