



## St. Matthew's Elementary School Running Club

April 12, 2021

**Dear Parents/Guardians:**

Track and Field season will look a lot different than usual due to Covid-19 and the limited availability of Holy Cross Track (also due to Covid-19). This year, practices will be organized more like a running club, providing physical activity, while focusing on some running techniques and strategies we would normally work on during a track season. Due to the need to keep cohorts separated, practices will take place once per week for students in Grades 3 - 7, with up to two cohorts meeting at the same time, but organized in different locations of Holy Cross Track. We acknowledge this is not ideal, and may create difficulties for families to manage dropping off/picking up their children due to the different scheduled times. **Unfortunately, we cannot have siblings waiting around as we do not have supervision and we cannot mix cohorts.**

The schedule for this activity will be:

Monday morning 7:45 - 8:30 am: Grade 3 & 5

Monday afterschool 3:00 - 3:50 pm: Grade 7

Wednesday morning 7:45 - 8:30 am: Grade 4 & 6

This will be a six week program, from the week of April 19th to May 31st

**RUNNING Practices occur drizzle or shine** so students should dress for the weather (if it is too wet, **morning practice** will be cancelled, Monday after school practice will take place in the gym). Students should always wear their:

- St. Matthew's PE t-shirt and shorts; Proper runners
- **And, bring a water bottle to each practice (with name clearly labeled on it).**

**Communications:** Please sign-up for the **REMIND APP** for updates and reminders by **TEXTING @b4bck8e to (778) 654-5548**. **Roger's and their partner networks** no longer support texting, so please download REMIND APP from your App Store, and enter the code **@b4bck8e** for track and field updates

*While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of the activities, and may occur without fault on the part of the student, school, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with this activity.*

Sincerely,

**Mr. Durante, Ms. Welsh, Mrs. Mouro, Ms. Gatlabayan**

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### **St. Matthew's Elementary School Track and Field Team Contract**

**Return by Friday April 16th**

Parents and students should read this contract together. Please check each item after reading and sign as indicated. Please return this form to your child's teacher. **Forms that are not filled out completely/correctly will be returned.**

Child(ren) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (names) (year born) (Grade)

**By signing this permission form, I not only grant my son/daughter permission to participate in the track and field practices but, I also understand that:**

- While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities, and may occur without fault on the part of the student, school, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with this activity.
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Contact number: \_\_\_\_\_ email: \_\_\_\_\_

Yes, send me a text message to this cell phone number to get a link to the Remind App and I will enter the following code into 'Join a class' in the "CLASSES JOINED" section of the app: @b4bck8e