

Bear Valley BVCA and PTA Cross Country Running

Who: BV Students grades 1-6

Days: Tuesday and Thursday

Dates: September 5, 7, 12, 14, 19, 21, 26 (There will be a Jamboree Thursday Sept. 28th at Service High School From 4:00-8:00 PM)

Time: 3:30-4:20 (Pick up your child(ren) at the front doors of the school)

Cost: \$30/Child or \$50/family (Make **checks payable to BVCA** and return them to your child's classroom teacher)

Where: Students will meet in the BV Gym after school and then go to the playground for activities with their grade level group. After practice Coaches will accompany students to the front of the school for pick up.

Need: We need Coaches for this fun outdoors activity. This is a great opportunity to volunteer for BVCA and your PTA, and provide an exciting activity for our students. A BV Staff will organize your group and handle any issues. Please indicate that you would like to help out on this form below. Thanks!

Registration form must be completed before students can participate. Thanks!

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Cross Country Running Registration Form Fall of 2023
Please write legibly it is important we have accurate information.

Student's Name: _____

Grade: _____ Teacher's Name: _____

I would like to be a PTA Volunteer and coach a group of students! Name: _____

Volunteers must have the ASD volunteer waiver and release on file in the office prior to working with the program. Also, we must follow ASD policy which requires mask indoors for all, and optional mask wearing outdoors. This form has been attached.

Contact Number and Name: #1 _____ #2 _____

Please list any allergies or medical concerns we should be aware of: _____

Parent Signature: _____ Return this form by Friday August 25th

Bear Valley BVCA/PTA Program Acknowledgment

I, named above, as participant or as parent or legal guardian of a participant in classes sponsored by the Bear Valley PTA/BVCA, 2023-2024 school year, recognize that some of the classes involve physical activities that have risks and injuries associated with participating in these classes including, but not limited to, those of bodily injury, partial or total disability, paralysis, and death or personal property damage. I, named above, for myself, my heirs, administrators, executors and assignees, hereby waive, discharge, covenant and agree that I will never institute any demand, claim, or suit against the Bear Valley PTA/BVCA, the Anchorage School District, and/or their employees, agents, and volunteers for any bodily injury, partial or total disability, paralysis, death or personal property damage that might occur from any cause whatsoever as a result of my participation in the activities of the Bear Valley PTA/BVCA. I accept full responsibility for the cost of treatment for any injury suffered while taking part in the Bear Valley BVCA/PTA program.

Signature of Parent or Legal Guardian: _____ Date: _____