

# Beresford Parks, Rec. & Community Education (PRCE)

305 W. Oak Street  
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Director: Scott Klungseth

Beresford, SD 57004

## The Beresford Road Warriors Community Running Club Registration 2022

The goal of this program is to increase/maintain cardiovascular fitness, strength, flexibility and overall health through a group training format. The Beresford Road Warriors is a group of runners whose goal is not to just train for a race, but to continue to form a tight knit group of runners in the community of Beresford who support each other in common fitness/running goals. This group will host morning/afternoon run groups at least a few times a month, gather together for shared meals, and best of all - share the love of fitness and running with each other.

The group will meet on Tuesday and Thursday mornings @5:15 am and Saturdays @ 6:00 am. Tuesday and Thursday runs can be done outside of the group time if needed. The Saturday morning group long run is where goals and progress will be checked for progress, run down of the week and a look at the week ahead.

Dates: Tuesday, Thursday, Saturday mornings -- October 11, 2022 - May, 2023

Ages: Adults (both males and females)

Cost: \$40 per participant/yearly

Location: High School Lobby for Outdoor Runs and High School Fitness Center for Indoor Runs

**DEADLINE for registration is ongoing**

Questions: please call Director at 763-2094 or email [scott.klungseth@k12.sd.us](mailto:scott.klungseth@k12.sd.us)

----- cut here and keep above info!!!! -----

**2022 PRCE Road Runners Community Running Club Registration**  
**One sheet per adult please & return to the Community Education Building**

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell \_\_\_\_\_ Local emergency contact name/number \_\_\_\_\_ PH# \_\_\_\_\_

Beresford PRCE, in making this recreational activity available, assumes no responsibility for injury. The responsibility for injury is assumed entirely by the participant. Participants in recreational activities are not covered by any special insurance coverage, therefore, participants should have adequate insurance coverage. I ACCEPT THE RESPONSIBILITY AS STATED ABOVE. I have consulted a physician and am confident that I currently have no medical conditions that should preclude me from participating in this fitness-based activity.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_, 2018