

Beresford Parks, Rec. & Community Education (PRCE)

305 W. Oak Street
Phone (605)763-2094

scott.klungseth@k12.sd.us
Director: Scott Klungseth

Beresford, SD 57004
Fax (605) 763-2705

Youth Running Club Registration 2019

We will introduce kids to the sport of running through a variety of games, activities and short distance runs in a safe and structured environment. A typical session will include a warm-up activity, followed by skills stations, Mile Club Runs, and cool-down stretches. On the final day, we will have a group run in the park for the kids. Parents are welcome to come to the event. Participants will be able to order Running Club T-shirts at the end of the summer.

- *Tuesday mornings from 9:00-9:45 AM
- *Grades entering 2nd-5th in 2019-20 school year
- *Open to Boys and Girls in the Beresford Area
- *Meet in the Beresford High School Lobby on Tuesdays

Summer 2019 DATES: June 11; June 18; June 25; July 9; July 16; July 23; July 30 (Culminating Activity/Run in the Park)

Cost: \$35 per participant that includes a T-shirt and some snacks/culminating event:
Payable to: PRCE, 305 W. Oak St. Beresford SD 57004

What to Bring Each Day: Water Bottle, sunscreen, running shoes.

COACHES:

Matt Coy: Beresford Head Cross Country Coach/Beresford Head Boy's Track and Field Coach

Ashley Halvorson: Beresford Assistant Cross Country

Questions: please call Director at 763-2094 or email scott.klungseth@k12.sd.us

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

2019 PRCE Youth Running Club Registration

One sheet per adult please & return to the Community Education Building

Youth Name _____ Youth Age: _____ Youth Birthdate: _____
Child T-Shirt Size (Please Circle): YS YM YL AS AM AL

Parent(s) Name: _____ Parent Email _____

Parent 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 am currently have not medical conditions that should preclude me from participating in this fitness-based activity.

Parent Printed Name _____

Parent Signature _____ Date _____, 2019