

# SMHS 2017 CROSS COUNTRY Registration Form

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## ONE FORM PER ATHLETE

Athlete's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Returning Runner: \_\_\_\_\_ or New Runner: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Sibling Name(s) on the team: \_\_\_\_\_

Athlete email Address: \_\_\_\_\_ (for practice & meet info)

Athlete's Cell: \_\_\_\_\_ (for practice & meet info) Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### If an emergency arises and the parents cannot be reached, list two people who can be notified:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Athlete Profile Information:

Miles you ran during the 10 weeks from Monday, May 29 – Sunday, July 30 \_\_\_\_\_ # of weeks you ran: \_\_\_\_\_

Average miles you ran per week: \_\_\_\_\_ Avg. # of days you ran per week: \_\_\_\_\_ Longest run of summer: \_\_\_\_\_

Number of miles you ran in the last three weeks: July 9-15 plus July 16-22 plus July 23 – July 29: \_\_\_\_\_

Did you participate in any cross training over the summer? If yes, describe: \_\_\_\_\_

Number of seasons of training experience (XC counts as 1, track counts as 1; count middle school and PTC Flash) \_\_\_\_\_

If new to SMHS XC (relocation or 8<sup>th</sup>/9<sup>th</sup> grader), list additional sports you have participated in:  
\_\_\_\_\_

P.R.s (Personal Records) 800m: \_\_\_\_\_ 1600m: \_\_\_\_\_ 3200m: \_\_\_\_\_ 5000m: \_\_\_\_\_

Any sport injuries or medical conditions the coaches need to be aware of (such as asthma, allergies to bees, shin splits, hamstring, etc):

Sport Injuries: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Photo Use - Opt-Out: \_\_\_\_\_ Check here if you do not want pictures taken by the team or booster club to be used for end of the year banquet party and/or team videos.

Date form completed: \_\_\_\_\_

# SMHS 2017 CROSS COUNTRY

## Sizing Form for Team Shirt and Spirit Wear

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**ONE FORM PER ATHLETE**

Athlete's first and last name: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent's first and last name: \_\_\_\_\_

Grade in fall 2017: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Parent's phone: \_\_\_\_\_

<b>Athlete T-shirt ( Long sleeve moisture wicking)</b>								<b>(for members of the FLBC)</b>		<b>Included in the base registration fees</b>
1	Athlete's T-shirt	(circle size)	Small	Medium	Large	X Large	2X Large			If you gave us your size via online form, we have that for your athlete

<b>Parent Volunteer T-shirt (Short sleeve moisture wicking)</b>								<b>(for members of the FLBC)</b>		<b>Included in the base registration fees</b>
2	Parent #1 T-shirt	(circle size)	Small	Medium	Large	X Large	2X Large			MUST volunteer at both meets to get a volunteer shirt
3	Parent #2 T-shirt	(circle size)	Small	Medium	Large	X Large	2X Large			2nd parent MUST volunteer at both meets to get a volunteer shirt

### Additional Spirit Wear

<b>Shoe Bag and Car Magnets</b>				<b>(for members of the FLBC)</b>		<b>Cost</b>	<b>Quantity</b>	<b>Total</b>
4	Backpack/Shoe bag - Spell your first & last name for embroidery on bag					\$33		
5	Starr's Mill Track Magnet for your Car					\$5		
6	Panther Spirit Short Sleeve Cotton Shirt					\$10		

**Grand total of Spirit Wear- please write this on the next page**

Apparel Questions? Ask Kelly Anderson [kelly.anderson@starrsmilltfxc.com](mailto:kelly.anderson@starrsmilltfxc.com)

# SMHS 2017 CROSS COUNTRY Fees Page

**ONE FORM PER ATHLETE**

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Athlete's First & Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent's First & Last Name: \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_

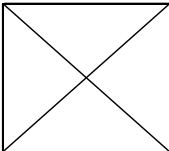
Parent's email: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

<b>Registration Fees for FLBC Members</b>	Price
Includes costs for: Meet entry fees, bus transportation fee for day meets, athlete team shirt, 1 ticket for athlete to EOY Banquet, gifts for each coach, team equipment, team facilities expenses, team operating costs and a parent volunteer shirt for those that volunteer.	<b>\$315</b>

<b>Team Shirt for each Athlete- Short Sleeve Moisture Wicking</b>	Sizes are on the previous page	Price
		included in base registration fee above
<b>FLBC Member Parent Shirt for Volunteering</b>	Sizes are on the previous page	

<b>Grand total of Spirit Wear-</b> please re-write the figure from Page 2 into this box to the right	\$
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<b>Opportunities to reduce Registration Fee (paid at end of season)</b>	
1 Volunteer for 2 XC Meets ( ATT Panther XC- Sept 2 and Region Oct 21) - <b>earn \$100</b>	
2 Sponsorship Team - for every \$1250 in sponsorship received, <b>earn \$190</b>	

<b>Grand total - if paying by check or cash</b>	
Surcharge for Paying with the credit card - 3% x Grand total if paying by Check or Cash	
<b>Grand total - if paying by credit card</b>	

Make Checks Payable to: Finish Line Booster Club

On Memo Line write in: Athletes Name

All Forms and Fees due on July 31

I understand what I am paying for: \_\_\_\_\_  
signature date

----- Official Use only -----

Recvd by: \_\_\_\_\_ Date Recd \_\_\_\_\_ Check # \_\_\_\_\_ or Cash Amt \_\_\_\_\_

or CREDIT CARD USED (circle one) Visa    Master Card    Discover    Last four digits \_\_\_\_\_    Expiration Date \_\_\_\_\_

# SMHS 2017 CROSS COUNTRY

## Volunteer Expectations and Additional Opportunities

ONE FORM PER ATHLETE

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Athlete's First & Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_

Father's email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Volunteer Expectations for XC Season

- We need every family's help to host the 2 XC Meets - **Sept 2 and Oct 21**
- We will be using SignUp for online sign-ups and a check-in process to keep track those who volunteer their time at all the home meets.
- An email will be sent out shortly with instructions on how to sign up for volunteer positions
- If you meet the volunteer requirements, we will refund the volunteer deposit by mid-November
- Please attach a self-addressed envelope with a stamp to this form so we can mail you a check for your volunteer deposit.

**Below are additional Volunteer Opportunities, above and beyond support at our home meets:  
Check next to the item where you would like to help.**

1. Spread bark on XC course: Sat., Aug. 5, 8:00am \_\_\_\_\_
2. Host or Co-host one of the team dinners at your home or neighborhood clubhouse (preference goes to seniors)  
  
Sat Aug. 12 \_\_\_ Fri Aug. 25 \_\_\_ Fri Sept. 1\*\* \_\_\_ Fri Sep. 8 \_\_\_ Fri Sep. 22 \_\_\_  
Fri Sep. 29 \_\_\_ Fri Oct. 6 \_\_\_ Fri Oct. 20 \_\_\_ Thu Nov. 2 \_\_\_ (\*\* events to be held at Heritage church)
3. Organize snacks and drinks for the SMHS athletes at home and away meets \_\_\_\_\_
4. End of Yr Banquet – Mon. Nov.13, 2017 Decorate \_\_\_ Collect \$\$ \_\_\_ Slide Show \_\_\_ Sr Gifts \_\_\_\_\_
5. Photographers at 1 or 2 home & away meets + a few practices (need 2 or 3 people) \_\_\_\_\_
6. Sponsorship Team to start working on Track Season \_\_\_\_\_
7. Pick up and pour chocolate milk, or Core Power, for athletes after specified hard workouts \_\_\_\_\_

\* 10 gallons of chocolate milk, a few Core Power and 10oz cups for 60-70 runners

# SMHS 2017 CROSS COUNTRY

## Athlete and Parent Contract

ONE FORM PER ATHLETE

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<b><u>Starr's Mill Cross Country Contract</u></b>
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After reading the Team Rules, Guidelines & Lettering Standards, please sign below and return to Coach Enriquez by July 31st. Once you have turned in your copy of your physical\*\* & this contract, you will be an official member of the team. Thank you!

I have read the Team Rules and Guidelines and understand the requirements. I understand that failure to follow the team rules and guidelines may result in not going on an away trip or dismissal from the team.

I also understand that any possessions I bring to meets or practice, I bring at my own risk in the event that they are stolen, broken, or lost.

\_\_\_\_\_  
Runner's Name (printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Runner's Signature

\_\_\_\_\_  
Parent's Name (printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent's Signature

\*\*Athletes cannot participate in practice without a physical at any time.

\*\*After time trials, no runners enrolled in Starr's Mill at the beginning of the school year will be able to join.

### **Alternative Transportation Liability Form**

Fayette County Public Schools, **Starr's Mill High School** is not always able to provide transportation for students to off campus extracurricular school activities. In cases when transportation is not provided by **Starr's Mill High School** as in the use of a school bus or charter bus, it is the responsibility of the student's *parents or guardian* to secure their student's attendance at such activities. Fayette County Public Schools, its local schools, officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off-campus activity when such transportation is provided by parents, students, school staff or any other party. Your signature acknowledges your receipt of and understanding of this policy.

\_\_\_\_\_  
Student's Name

**2017 Cross Country Season**

Activity

\_\_\_\_\_  
Date of Activity

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date