



REGISTRATION FORM

ST. ROSE OF LIMA ACADEMY CROSS COUNTRY 2011

Please submit completed back to school (not coaches!) by Friday 9/23/11

The 2007, 2008 and 2009 Catholic League Champion *St. Rose of Lima Cross Country Team* invites you to share in the fun and fitness this fall! Practices will begin Monday September 12th and we encourage first time runners to join us. The workouts consist of: group runs, stretching, strength exercises, wind sprints, and short distance relay races - a perfect way for the kids to mingle and get fit for all fall and winter sports. The St. Rose XC team has been growing each year with over 60 student athletes last season. Conveniently, the XC program ends as basketball begins so consider "hitting the ground running" this new school year along with us!

XC program overview

IMPORTANT: The www.srlaruns.com website is the source for ALL the team information. No emails are sent by coaches during the season. Practices are sometimes cancelled or changed so please visit website often and especially before events.

- First Practice:** Monday September 12, 5:00PM – 6:00PM at Taylor Park
- Practices:** Mondays, Wednesdays (5:30pm-6:30pm Taylor Park) through mid-October
- Location:** Taylor Park and other local area locations to be announced shortly
- What the kids need:** 'real' running shoes! To arrive on time at practice with a light jacket or sweatshirt, over a t-shirt. Water bottles are a must! Children 2nd grade or under must have parent/guardian remain at practice.
- Program fee:** **\$35 per student includes meets fees. payable to SRL HSA**
St. Rose logo track jerseys & sweats can be purchased separately and are keepers. Inquire if interested.
- Questions:** John Profaci john.profaci@colavita.com Shannon Schlageter d.schlageter@comcast.net
Michele Smith michelesmith24@gmail.com, Shereen Bernaz sbernaz@aol.com
- Meet dates :** 4-5 meets starting Oct 1, Final meet of Champions on or about November 10th.

Please return this form and payment back to school (not coach) in care of Treasurer, with \$35.00 check payable to SRL HSA for each child **by FRIDAY 9/23/11** . "XC Team" in memo line.

Player's Name: _____ Boy/Girl: _____ Grade: _____
 Player's Name: _____ Boy/Girl: _____ Grade: _____
 Player's Name: _____ Boy/Girl: _____ Grade: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address : _____

Emergency Contact:

Name: _____ Phone #: _____

