

McAuliffe Running Club

Run with other students from McAuliffe Elementary to increase our fitness levels, improve our running skills, meet new people, and have fun! Any 1st – 6th grade student from McAuliffe Elementary may participate. **Kindergarteners must run/walk with a parent/guardian at all times.** Students will meet in the gym at **3:30 pm** and then run outside (rain or shine) on **Tuesdays and Thursdays from October 6th – November 19th**. Students will be ready to be picked up at **4:15 pm** in the gym once a parent/guardian has signed for their child. Failure to pick up your child on time may result in loss of Running Club privilege.

Contact: Brian Johnson Physical Education Specialist
425-836-6680
bjohnson@lwsd.org
www.lwsd.org/school/McAuliffe/About-Us/Pages/bjohnson.aspx

(Please fill out this form, detach, and return it to Mr. Johnson by October 1st)



PARENTAL CONSENT AND STUDENT WAIVER

_____ has my permission to participate in the
Full Name of Minor
McAuliffe Running Club on October 6th – November 19th (Tuesday/Thursday).
Name of PTSA Event Date of Event
at McAuliffe Elementary from 3:30 pm to 4:15 pm.
Event location Start time End time

I, as parent or guardian of the minor, do hereby, for my child, myself, heirs, executors and administrators, remise, release and forever discharge **Christa McAuliffe PTSA – Local Unit 2.8.36**, Lake Washington PTSA Council 2.8, the Washington State PTA and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred participation in said event.

I hereby certify that I am the legal parent/guardian of above referenced minor child and that his/her date of birth is ___/___/___.

I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word “none.”)

List allergies, medicine reactions or unusual physical conditions here:

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian Contact number during event