

Rupert A. Nock Middle School

Introduction to Running Program 2022 Information

This fall, the R.A.N. Middle School will be offering an Introduction to Running program open to all middle school grades. Students will be led by coaches Mrs. Dollas and Mrs. Madonna. They will learn the basics of running and work to improve their endurance. Their goal is to run for 20-30 minutes without stopping!

Program Details

- Weekly practices on Thursdays from 2:30-3:30 PM meet at Fuller Field
- Start date is Thursday, September 29th
- Program will be every Thursday for five weeks
- Practice workouts typically require students to run between 1-2.5 miles

What to Bring/Wear

- running shoes and running clothing
- water bottle
- Students can change after school and meet the coaches to walk over to the track together. Students should plan to walk home, be picked up, or take the late bus.

Cost

\$30 (the cost of the program includes a tee shirt)

Registration

- Complete and return the attached Registration Form to the Nock Main office on or before Monday, September 26th.
- Include:
 - Check payable to the RAN MiddleSchool for \$30
 - Copy of your child's physical form. Physicals are good for 13 months and once a physical expires the student's family must provide a copy of a new physical exam (doctor's notes are not allowed).

Questions?

Please contact Karri Madonna kmadonna@newburyport.k12.ma.us or Beth Dollas at edollas@newburyport.k12.ma.us

NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT
INTRODUCTION TO RUNNING PROGRAM 2022

We the undersigned father and mother or guardian(s) of _____ a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Newburyport, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, expenses and compensation on account of, or in any way growing out of directly or indirectly, all known personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire either before or after he/she has reached his/her majority resulting or to result from his/her participation in the R.A.N. Middle School Athletic/Physical Education/Intramural Department's programs: FURTHERMORE, we/I hereby agree to protect the City of Newburyport and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Newburyport Public Schools Athletic Departments voluntary programs, and to INDEMNIFY, reimburse or make good to the City of Newburyport or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arises from said minors intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs. When, for my son or daughter, the attending physician who is a member of the hospital recommends medical care and treatment, including minor surgical procedure, I give permission for the carrying out of such treatment.

The undersigned hereby authorizes R.A.N. Middle School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Massachusetts for said child when such treatment is deemed necessary by such physicians and we cannot be reached within a reasonable length of time.

_____ Date _____
Parent/Guardian Signature

Student Name _____ Grade _____ Date of Birth _____

Homeroom Teacher and Room # _____

Home Address _____

Parent/Guardian _____ Phone _____

E-Mail _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

- Medications _____
- Allergies _____
- Medical History _____

PLEASE ATTACH A COPY OF IMMUNIZATION FORM THANK YOU!
T-Shirt Size: Youth Large ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL ____