

Limestone Walters Co-op XC Program

FOR WHO: all **5**th **– 8**th graders in the Co-Op XC program:

- 1. Monroe
- 2. Norwood
- 3. Oak Grove
- 4. Walters
- 5. Pl. Hill
- 6. Bartonville

WHERE: LCHS (high school) MAIN ENTRANCE (the big cement L)

You will need to coordinate rides. We have parents from each school who are willing to help.

WHEN: We will start Monday July 31st. Practices will be Tuesday, Thursday, and Friday at 7am until Aug 15th.

After that time, practices will be Monday, Wednesday, and Thursday from 3:30PM TO 4:30PM

WHO WILL TRAIN US? Coach Hurst: jhurst@limestone310.org (309)840-0899

WHAT DO I NEED: A good pair of running shoes and a current school sports physical

Bring a good attitude and be ready to work hard!

Important dates:

DATE	TIME	LOCATION	
8/12 - Saturday	10:00am	Trojan Invite	
8/24 - Tuesday	4:30	Pekin Invite	
8/26 - Thursday	4:30	Parent Meeting LCHS Cafeteria	
8/29 - Tuesday	4:00	Washington Invite	
9/5 - Tuesday	4:00	El Paso	
9/12 - Tuesday	4:00	Warrior Invite	
9/22 - Friday	4:00	Dunlap invite @ Detweiler	
*9/28 - Thursday	4:30	Alpha Park (Our Invite!)	
*9/30 - Saturday	9:00	Muffley School Decatur IL	
10/7 - Saturday	10:00	Sectionals TBA	
10/14 - Saturday	9:30	Maxwell Park, Normal IL (State)	

^{*4&}lt;sup>th</sup> graders can run!

Please fill out and return to Coach Hurst		
Student athlete name:		
Emergency contact name and number		
Please initial and sign at the places indicated		
My child has an up-to-date physical at their curre	ent school.	
I will have my child on time to all practices.		
I will ensure that my child is eating properly and a	getting enough nutrients in orde	r to participate.
I will ensure that my child is drinking PLENTY of w	vater (eliminate soda if possible)	
I understand that my child will be using crosswall child understands and knows how to cross a street pr		will ensure that my
Off Campus Practices and R	doad Running Waiver	· Form
I hereby give my consent forCo-Op approved off campus practices.	to compete in Li	mestone Walters
I release Limestone Walters, all Co-Op schools involve representatives of any liability for my son/daughter as injury or loss which may occur in transit to and from a	a passenger in a private passeng	
Before a student will be allowed to run on the streets as be signed by both the student and his/her parent or guarantees.	·	g, this waiver must
I hereby give consent for my son/daughter to participal programs which may include running off school prem	ş	nd training
I realize that my son/daughter is responsible for using roadways.	safety precautions in running on	the streets and
I understand that my son/daughter had been informed concerning possible injury and/or death.	of appropriate safety rules, inclu	ding information
Limestone Walters and all Co-Op schools assume no laccident.	liability for such injuries or death	n in case of
Student Signature	Date	
Parent Signature	Date	