

MIDDLE SCHOOL XC INVITATIONAL @NORTH POINT H.S.

We would like to invite all **Middle School Student Athletes** to our **Ninth Annual Middle School XC Invitational/Pancake Breakfast**. The student athletes will run a 2 Mile Course **Saturday October 13, 2018**.

Meet Information:

Entry Deadline: Please complete the registration form and make sure it's signed and dated by your parent or guardian. Please bring all registration forms on the day of the race by the **NP Tennis Courts**.

Entry Fee: **FREE**

Meet Director: Jimmy Ball, Head Coach -North Point HS

The Course: 2 Mile Run that begins in open fields and then traverses through the woods finishing in an open field.

Race: 8:00am: Registration
8:30am: Course Walk
9:00am: Race
9:35am: Awards Ceremony
9:45am: Pancake Breakfast

Awards: We will have an awards ceremony immediately following the race

Awards: Top 3 Boys/Girls, 8th Graders 7th Graders and 6th Graders will receive medals

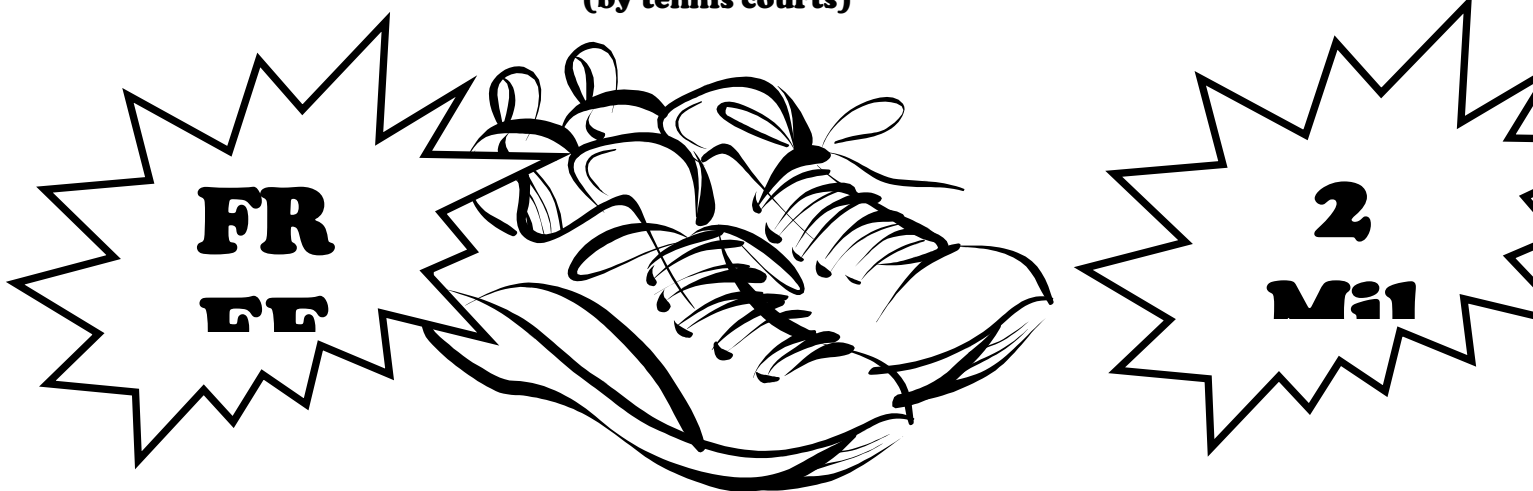
All participants will receive a ribbon

Contact: Jimmy Ball (jball@ccboe.com)
c/o North Point HS
2500 Davis Road
Waldorf, MD 20603

Phone: 301-753-1759

Ninth Annual Middle School Cross Country Invitational

North Point High School
(by tennis courts)



Open to all 6th, 7th, and 8th Graders
Saturday, October 13, 2018 8:00 am

Parent Consent and Registration Form

Child's Name: _____ Grade: 6 7 8 M F
School: _____ Date of Birth: _____
Parent /Guardian: _____ Phone: _____
Address: _____
Emergency Contact: _____ Phone: _____
Child's Primary Care Physician: _____ Phone: _____
Insurance Provider: _____
Please list any medical conditions or allergies your child may have:

I understand that running Cross Country has some risk for injury, which my child assumes by electing to participate. It is understood that all reasonable and responsible action will be taken to ensure my child's safety. I agree to save and indemnify and keep harmless NPHS, CCPS and its employees and volunteers against any and all liability claims, judgments or demands arising as a result of participation by my child in this activity.

My child will be expected to follow all CCPS rules and regulations. Any improper actions while participating may result in removal of my child from the event and further discipline by school officials as appropriate.

In case of emergency or illness, I hereby authorize camp and school employees to arrange medical treatment for my child, and I will request that staff, either prior to treatment when practical or as soon afterwards as possible, contact me or another person previously identified as an emergency contact.

Parent or Guardian Signature

Date