

**Spring 2015 RUNNING CLUB FORM\*\*\*MUST COMPLETE \*\*\*\*\***  
**PERMISSION SLIP/ EMERGENCY RELEASE**  
**& VOLUNTEER FORM**

Please return this form if you wish to participate in the Running Club. Don't forget to mark the dates on your calendar. One permission slip may be used per family.

**IVY HILL EAGLES RUNNING CLUB**

Please Print

Name of Child 1: \_\_\_\_\_ grade/teacher: \_\_\_\_\_

Child 2: \_\_\_\_\_ grade/teacher: \_\_\_\_\_

Child 3: \_\_\_\_\_ grade/teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Any Restricted Activities/Allergies/Health Problems? Explain:

I give permission for my child/children listed above to participate in the Eagles Running Club activities. I certify that my child is in good health.

Parent/Guardian Signature \_\_\_\_\_

My child will be attending: (please **check** date(s) child(ren) will attend and mark your calendars!!):

**Monday, April 13** \_\_\_\_\_      **Monday, April 20** \_\_\_\_\_      **Monday, April 27** \_\_\_\_\_

Child will be (please mark) \_\_\_ walking home, \_\_\_ returning to CAP, or picked up by:

\_\_\_\_\_ (remember pick up time is 4:15)

In the event of a Cancellation, please notify me at (phone) \_\_\_\_\_. My child will return to CAP \_\_\_\_\_, go home on the bus \_\_\_\_\_, or picked up by \_\_\_\_\_

**YES!!!** I would love to volunteer at the following sessions (please **circle** dates):

**4/13    4/20    4/27**

Volunteer name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_