

# Middle School Cross Country 2010

All students wishing to participate in Cross Country this fall must have a valid physical and parent permission slip. If you have previously turned in a physical for a school sport you are only cleared for 1 year from the date of that physical. In order to continue to participate after this date, you must renew your physical. **To guarantee that you are able to practice in the fall, your physical must be returned to the MAIN OFFICE AT THE HIGH SCHOOL (not the Middle School) by August 2<sup>nd</sup>.** If you are not able to meet this deadline there may be a delay in your clearance, and you may not be able to begin on the first day of practice.

## **What you need for practice:**

1. New running shoes (no cross trainers please, If you are unsure of what to buy please contact me.)
2. Loose fitting athletic shorts (mesh), and a comfortable shirt.
3. A water bottle. - It is much easier to keep an eye on everyone if no one is leaving to get a drink.

## **Practice will start on Wednesday, September 8<sup>th</sup>. We will meet in the Gym at 2:30pm.**

- Practice will be held Monday – Friday, from 2:30 to 4:15 at SMS
- Practices are mandatory – if you're in school you're expected to be at practice
- Start running over the summer so you are ready to run on the first day of practice

## **Form Checklist:**

1. Physical (pink packet)
2. Parent Permission Slip (pink packet) ***\*\*Please make sure forms are not dated more than 60 days from our first practice\*\****
3. Cross Country Contact Information (white form)

I am looking forward to a fun and successful season and seeing you all very soon!

If you or your parents have any question or concerns feel free to contact me.

Feel free to visit my TeacherWeb page for more statistics, pictures, and info.

<http://teacherweb.com/NJ/SayrevilleMiddleSchool/MrsDrabik/>

Coach Drabik

Email: [marybeth.drabik@sayrevillek12.net](mailto:marybeth.drabik@sayrevillek12.net)

# Cross Country Contact Information 2010

Athlete's Name \_\_\_\_\_

Grade \_\_\_\_\_ (for 2010 – 2011)

Birthday\_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_, \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Parent's Cell Number(s) (\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_, \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
Allergies (foods, plants, insects)

\_\_\_\_\_  
\* SMS students please hand this form in to me in room D-39 no later than June 18th.

\* UES students please hand this form in with your physical.

Thanks,  
Coach Drabik