



# Middle School Cross Country Program

**DATES:** Monday, Wednesday & Thursday, August 17 – October 3

**Times:** 4:15 - 5:15 p.m.

**LOCATION:** Homestake Peak School or Berry Creek Middle School

**GRADES:** 5 - 8

**3 MEETS:** September 5, 19 & Oct. 3  
at Battle Mountain, Eagle Valley & Eagle Vail

**Cost:** \$65



### PROFESSIONAL COACHING BY:

**Jared Biniecki** - Div. I Cross Country and Track Athlete, Central Michigan University, Track and Field Coach at Homestake Peak School.

**Josiah Middaugh** - Ran Div. I Cross Country and Track and Field at Central Michigan. Owner of Middaugh Coaching, trains and coaches a variety of endurance athletes. Xterra National Champion.

**Nanci Almonte** - Ran Div. III Cross Country at Colorado College. Coached the past 13 years in the Eagle County School District.

Participants will be coached on how to run in a fun and competitive environment, helping them prepare for high school Cross Country. Each runner will receive a racing singlet to keep and wear in the meets. Practices will be outside and runners should prepare for all weather conditions. Proper running shoes recommended.

To register, go to [vailrec.com](http://vailrec.com) or fill out this form and mail or fax with payment to:

**DOBSON ICE ARENA**  
321 East Lionshead Circle Vail, Colorado 81657  
Fax 970-479-2267

Cancellations must be received two weeks prior to program starting in order to receive a refund minus \$15 handling fee.

Child's Name \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Any physical conditions or allergies the coach should know about?

\_\_\_\_\_

Participation Location:  Homestake Peak  Berry Creek Middle School

Mother's Name \_\_\_\_\_

Mother's Phone Home \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone Home \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Agreement to Waive Legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly

agree as follows:

I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Recreation District, their officers, employees, agents, servants, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property during said activities. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize programs and events.

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT: Amount Received: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Charge # \_\_\_\_\_ Exp. \_\_\_\_\_

Cardholder \_\_\_\_\_