



# ICS Running Club

## Spring 2022



**Join the ICS Running Club!**  
**Have fun, get fit, and participate in the**  
**IHS/ICS Spartan Spirit 5K!**

**Who:** Open to students in grades 4 through 8.

**When:** Mondays & Thursdays, dismissal until 4:15PM, starting April 11th and ending on Monday, June 6<sup>th</sup>.

**What:** Casual & fun running program to build confidence & stamina in order to complete the Spartan Spirit 5K held on Saturday, June 25, 2022.

**Where:** Immaculate Conception School parking lot & grounds. Pick up will be in the back parking lot, near the St. Francis statue.



**Registration:** **Registration due no later than Monday, April 11<sup>th</sup>.** Practices begin on Monday, April 11<sup>th</sup>.

**Weather & Attire:** Practices will be held rain or shine. Please bring a **full water bottle** and if needed, a small snack. Bring modest & weather **appropriate running attire and running shoes**. Students will be dismissed with after school activities and will immediately report to the gym to change. *Remember to submit a note to your child's teacher indicating their participation and change in dismissal procedure.*

**Coaches:** Ms. Elizabeth Canavan & Mrs. Chris Rogers

**Information:** Contact Ms. Canavan [ecanavan@ics41mtn.org](mailto:ecanavan@ics41mtn.org) or Mrs. Chris Rogers [chrispr3@verizon.net](mailto:chrispr3@verizon.net); 908-768-8898



*REGISTRATION FORM - One form per child, please*

**Registration fee: \$20.00**

**Includes entry into the 2022 IHS/ICS Spartan Spirit 5K**

*Cash accepted, or please make checks payable to: Immaculate Conception  
Return registration form to ICS Running Club, ATTN: Ms. Canavan*

Name: \_\_\_\_\_ Grade : \_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Telephone of parent/guardian DURING PRACTICE: \_\_\_\_\_

Person(s) student may be released to: \_\_\_\_\_

Any illness we need to be aware of: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Insurance Company, Member ID & Group #: \_\_\_\_\_

**Emergency Authorization:** *In the event of an emergency, I give permission for the person in charge to initiate emergency medical treatment and transport my child to the appropriate medical facility.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(parent must sign if under 18)