



2018 Youth Cross Country Information Sheet

PURPOSE OF THE PROGRAM:

Youth Cross-Country is a program for kids who enjoy running and want to improve their abilities. The program is designed for kids between the ages of 6 and 13, with the child's age is based on what age they will be on December 31. The practices will be held at Camels Back Park, Cassia Park, Hobble Creek Park, South Y and Molenaar Park. Meets will be held at Camels Back Park, Hobble Creek Park, and Molenaar Park. Kids can use the meets to get in shape for other races or sports like soccer and basketball, or they can participate just for fun! The XC meets covering varied terrain will help give each course excellent variety.

CHARACTER VALUES:

Through the YMCA Youth Programs we promote four character values which we believe will improve the nature of each individual. These character values are: CARING, HONESTY, RESPECT, and RESPONSIBILITY. Discussions on these values will be done throughout the program.

TEAM IDAHO RUNNING CLUB:

Youth Cross-Country was started as a stepping stone for Team Idaho Cross Country/Running Club, which has helped to develop many great Idaho runners. YMCA Team Idaho Running Club, formerly Team Idaho Cross Country, is designed to provide an opportunity for athletes to improve their abilities beyond their regular Cross Country Season. More importantly, it offers social interaction and a fun, friendly learning environment from low-key training to high quality competition. Practices start November 1st with practices held for ages 6-12 on Tuesdays and Thursdays, and Monday through Thursdays for ages 13-18, with ages based on age on December 31. Some races that Team Idaho Running Club will be training for

Y-Strider's Turkey Trot (November 17) & YMCA Christmas Run (December 22)

Nov. 3: Snake River Junior Olympics- Top 8 in each age group along with top team qualifies for nationals in Reno, NV.

Nov. 10: NIKE Cross Nationals (NXN) - Regional meet includes Elementary, Middle School, High School, and Open division runners from all over the Northwest, and qualifies runners for national championships in Portland, OR.

Dec. 8: National Junior Olympics Reno, NV- Any athlete interested must first qualify at the Snake River meet and be a member of Team Idaho. Top 8 finishers from each age group will represent our team at this national competition.

For more information on the Team Idaho Running Club visit www.team-idaho.org or contact Jack Ward at jack.ward@ymcatvidaho.org or 344-5502 ext. 270.

PRACTICES:

Practices are held at Cassia Park, Hobble Creek Park, Camel's Back Park, South Y and Molenaar Park Monday and Wednesdays from 5:30- 6:30pm. Parents are allowed to run with their children at practice and during meets. Make sure your child brings a water bottle to every practice! The weather may be cooling off, but it is just as important to be drinking water and staying hydrated. Practices are split by ages based on the child's age as of December 31.

Proper shoes and clothing are needed for practices. Good supportive shoes help prevent injuries; a running shoe with good arch support is preferred over a court shoe. Athletes who show up to practice without proper foot attire, such as sandals or open toe shoes, will not be allowed to practice that day. Proper clothing for outdoor athletic activity should be worn. Practices will be held in the rain so come properly clothed for the weather! It is always better to have to take layers off during practice than to not be prepared for the cooler weather, so come prepared with a sweatshirt and sweatpants.

MEETS:

Meets are held on Wednesdays starting at 5:30pm, at either Camel's Back, Hobble Creek, or Molenaar Park with a Championship Meet held at Camel's Back on Wednesday, October 25th. Please be at the meets by 5:15pm for check-in. The top 10 boys and girls in the age groups 6-7, 8-9, 10-11, and 12-13 will receive ribbons, with ages based on the age of the child on December 31. All participants will receive a participant ribbon. Medals will be given out at the Championship meet. Only thunder and lightning will prevent a meet from occurring so dress according to the weather.

Race Distances: Ages 6-9 yrs (Based on age on December 31) will run 1000 meters (.6 mi)
Ages 10-13 yrs (Based on age on December 31) will run 2000 meters (1.2 mi)

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|--------------|--------------------------------------|
| September 19 | Hobble Creek Park |
| September 26 | Molenaar/Hillsdale Park TBD |
| October 3 | Camel's Back Park |
| October 10 | Hobble Creek Park |
| October 17 | Molenaar/Hillsdale Park TBD |
| October 24 | Championship Meet- Camel's Back Park |

SCHOOL TEAMS:

All area elementary schools are encouraged to enter a team of runners in each age group. Age groups are 6-7 years old, 8-9 years old, 10-11 years old, and 12-13 years old, with ages being based on the child's age as of December 31. A team consists of five boys or five girls in each group. Sign up and bring all your school classmates to represent your school.

VOLUNTEER COACHES:

If your school has eight or more runners and can find a parent, PE teacher, or track coach who would like to volunteer coach, we can help arrange practices at your own school. Our Y-staff will help instruct all volunteer coaches.



2018 Youth Cross Country Meet Schedule

Please arrive at the meets no later than 5:15pm for check in. Team warm-ups start at 5:30pm.

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2017 Supplemental Registration Form

All Children 12 and under MUST be signed in and out by a parent or guardian.

Child's Name _____ Age _____ Circle One: Male or Female

1st Guardian Name _____ Home Number _____

Cell # _____ Work # _____

2nd Guardian Name _____ Home Number _____

Cell # _____ Work # _____

If the above person(s) can't be reached please contact:

Name _____ Phone _____

Relationship _____

Pick-up Authorization:

I authorize the person(s) listed below to check out/pick up my child from this program. I understand that anyone listed must provide photo identification and anyone not listed will NOT be allowed to check out/pick up my child. Please list first and last names of authorized individuals.

1st Name: _____

2nd Name: _____

Are there any special needs our program staff should be aware of? YES ____ NO ____
If yes, what are they? _____

Parent/Guardian Signature: _____ Date: _____

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| Participants Emergency Information: | | |
| Child's Doctor: _____ | Phone: _____ | |
| Child's Dentist: _____ | Phone: _____ | |
| Insurance Provider: _____ | Group Number: _____ | Policy Number: _____ |
| Hospital Preference: _____ | Allergies: _____ | |
| Medications Needed/Frequency: Please fill out the Medication Release Form. | | |

Risk Waiver

I/We, _____, as legal guardians of the minor child listed above, consent to any x-ray examination, anesthetics, medical or surgical diagnostic or treatment procedure deemed necessary for the child's treatment by our physician or the emergency physician on duty at a licensed hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician to exercise his or her best judgment as to the requirements of each diagnosis or treatment. This consent shall remain in effect for the duration of the YMCA program unless sooner revoked in writing and delivered to said physician.

I understand that there are inherent risks associated with my child participating in YMCA youth programs and approve of him or her participating in the camp activities. I certify that my child is in normal health and capable of participating safely in camp activities and the YMCA or any of its sponsors, employees or volunteers will not be held liable for any physical harm incurred to my child as a result of this program. I also understand that I will not hold the YMCA responsible for injury in which my child may be involved, occurring to and from the YMCA camp. I give the YMCA staff permission take and utilize photographs of my child while in the program for marketing purposes. In the event I cannot be reached to make arrangements for emergency attention at the time of an accident or illness, I hereby authorize the Treasure Valley YMCA to make immediate and appropriate arrangements for authorized personnel to take my child to the nearest emergency facility for treatment deemed necessary by the YMCA staff.

I understand that if my child becomes a discipline problem I will be called to pick him/her up.

Parent/Guardian Signature: _____ Date: _____