2011 Boys and Girls SMAC Cross Country Sign Ups Are Now Open!!!

We are looking for 6th-7th and 8th grade boys and girls who are interested in building SMAC through running. What is SMAC??? It stands for Strength Motivation And Courage. We build more than athletes that can run fast. SMAC Cross Country goes a step further. We have a welcoming group of youth that build friendships and self confidence through the common interest of running.

Meets

- XC is a fall sport. Meets run from late August to mid-October.
- There are typically 8 meets 2 miles in length usually held on Saturday mornings.
- Everybody participates and competes.

Practices

- Official practices start in the beginning of August.
- Most practices will be held at Symmes Park.
- We will practice 4 days a week to allow flexibility for those in other sports.

Summer Fun

- We will have 3 **optional** fun runs a week starting the 2^{nd} week in June.
- Having fun is **mandatory** ©
- Summer runs will be tailored to those with different running skills so there will be no need to worry about not having run in a group before.
- If you want to get a taste of what SMAC is about, please feel free to join us on a summer fun run. Just contact a coach for the fun run schedule.

Contacts

Registration (both boys and girls) – Randy Kuvin rskuvin@aol.com 774-0585

- Girls' Coach Mark Holly <u>mholly@cinci.rr.com</u> 583-5313
- Boys' Coach Phil McDonald pmcdonald11@cinci.rr.com 677-5524

All boys and girls are welcome regardless of past athletic experiences. Most come from St. Columban and St. Margaret of York. If you are interested in joining, **GREAT**!!!! Please fill out the attached registration form and mail to:

Randy Kuvin 4173 Mahogany Lane Loveland, Ohio 45140

SMAC CROSS COUNTRY REGISTRATION FORM

If you are not a SMOY Parishioner registering online, please complete the following information: Return form with a **\$90** check made payable to **SMAC Running Club** to:

SMAC Cross Country Coordinator Randy Kuvin 4173 Mahogany Lane Loveland Ohio 45140		
NAME TELEPHONE ADDRESS CITY	DATE OF BIRTH GRADE ('10-'11) GENDER STATE ZIP	 MF
FATHER'S NAME MOTHER'S NAME	DAYTIME PHONE DAYTIME PHONE	
EMAIL ADDRESS	quire and special medical	
I understand that participating in this sport is poten participate unless I am medically able and properly registration, I assume full and complete responsibil while I am traveling to a practice or event, during t practice or event. I also am aware of and assume al release, and forever discharge the sponsor and coac successors, and assigns, and all other persons assoc Running Club, for any and all liabilities, claims, ac arising out of or in any way connected with my par includes and claims, whether caused by negligence otherwise.	tially hazardous, and that trained. In consideration lity for any injury or acci- he practice or event, or v l risks associated with pa- ches and each of the agen- ciated with SMAC Cross- tions, or damages that I a- ticipation in this sport. I	t I should not enter and n of the acceptance of this ident which may occur while on the premises of the articipating. I hereby waive, nts, representatives, Country and SMAC may have against them understand that this waiver

Athlete Signature

Date

Parent or Guardian Signature

Date