



CROSS COUNTRY RUNNING
FOR --FUN----FITNESS----RACING



SATURDAYS, SEPTEMBER 12 - NOVEMBER 7, 2009

9:00 - 10:00 AM

OPEN TO BOYS & GIRLS:

MINIMUM AGE: 10 YEARS OLD AND ENTERING GRADE 5

MAXIMUM AGE: 14 YEARS OLD AND ENTERING GRADE 8

DIRECTOR: SAM BAUMGARTEN (508-531-2313) FEE: \$35.00

T-shirts and certificates to all participants. Medals to those who attend at least five sessions.

Program:

- ❖ Warm-up on the field
- ❖ Dynamic Stretching & Strengthening
- ❖ Workout - running on the field and the trails on Great Hill
- ❖ Cool down & post-run stretch

Each meeting will include a sharing of information about running as a sport, as a way to stay fit and enjoy the outdoors, and as a way to condition for other activities. Sessions will be cancelled only if there is heavy rain or trail conditions are unsafe. Always come to the field if you are unsure.

Park at Bridgewater State College's Swenson Field – walk across the field to meet by the fence at the back left hand corner of the Tinsley Center.

Registration forms are available on-line at www.bridgewaterma.org/government/recreation or at the Recreation Office, 90 Cottage Street – 508-697-8020.



CROSS COUNTRY RUNNING

FOR
--FUN--
--FITNESS--
--RACING--



Sponsored by the Bridgewater Recreation Commission

SATURDAYS, BEGINNING SEPTEMBER 12 and ENDING NOVEMBER 7, 2009

9:00 - 10:00 AM

Special Event: Participation in BSC's Homecoming 5K race, October 31

**PARK AT BSC'S SWENSON FIELD - WALK ACROSS THE FIELD TO MEET BY THE FENCE AT THE
BACK, LEFT HAND CORNER OF THE TINSLEY CENTER**

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FEE: \$35.00

**Send form and fee to: Bridgewater Recreation Commission, Town Hall - 64 Central Square,
Bridgewater, MA 02324**

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- ❖ Bring a water bottle with your name on it. In cool weather, dress in layers.

BRIDGEWATER KIDS CROSS COUNTRY RUNNING PROGRAM
PERMISSION FORM - 2009

NAME: _____ AGE: _____ GRADE: _____

PHONE: _____ E-MAIL: _____

T-SHIRT SIZE (adult sizes): S _____ M _____ L _____ XL _____

ANY MEDICAL CONDITIONS / SPECIAL NEEDS WHICH WE SHOULD KNOW ABOUT:

I agree to allow my child to participate in the Cross-Country Running Program, and I agree that my child is in good health and can participate successfully in a program of this type. It is understood that this activity involves an element of risk and danger of accidents, and, knowing those risks, I hereby assume those risks. I authorize the program directors and/or instructors as Agents for the undersigned to consent to medical, surgical, and/or dental examination, in addition to any and all of the treatments that may be deemed necessary by medical personnel. I understand that by signing this agreement, I hereby release and discharge Bridgewater State College and the Bridgewater Recreation Commission and its agents from any and all liability resulting from injury associated with participation in this activity.

Parent/Guardian Signature

PARENT HELP:

_____ Supervise/lead a group of children and run with them
_____ Supervise on the course

_____ Run with my child
_____ Help with warm-ups/stretching