

Dear Parent/Guardian,

Your child has expressed interest in running in the 6th Annual Robert Cipriano Memorial Cross Country Meet on Monday, October 23rd at Ford Field Park in Dearborn. All students in grades 4th-8th can choose to participate in this race. The cost of participation is \$3 per student.

4th and 5th grade elementary students will compete in a timed one-mile race and 6th-8th grade middle school students will compete in a two-mile race. The first student race will begin at 4:00 pm with each subsequent race starting at approximately 25 minute intervals for middle school and 20 minute intervals for elementary school.

Students and their families are responsible for arranging transportation and supervising their children while they are not competing. Students are to report to the shelter on the north side of the park and check-in with their schools. We will have a brief award ceremony after each race to announce the winning runners and the winning schools. We will all hope for good weather but the rain will not stop us from running. In the event of severe weather (lightning, thunder, heavy rains and/or winds) we may be forced to cancel the event. In the event of severe weather look to the Dearborn Athletic Blog for further information <http://athletics.dearbornschools.org>. Please make sure they are dressed for the weather. Ford Field is located at Cherry Hill and Brady. We hope to see you there!

2 Mile Run

6th -8th grade boys	4:00
6th - 8th grade girls	4:25

1 Mile Run

4 th grade girls	4:50
4 th grade boys	5:10
5 th grade girls	5:30
5 th grade boys	5:50

Please fill out and give this bottom portion to your child's physical education teacher. Keep the top portion for your information.

I'm happy to give permission for my child, (name) _____

PE Teacher _____ Grade _____ I have included the \$3 non-refundable participation fee. _____

I understand that the meet will be held on Monday, October 23rd at Ford Field, Dearborn. I also understand that I am responsible for arranging transportation to and from the meet and that I am responsible for the supervision of my child at the meet. Teachers/Staff will not be responsible for the supervision of any children. I also understand that I hereby release the Dearborn Public Schools, its employees and agents from any and all claims for liability which might arise from or in connection with this activity. Parent signature: _____ Date: _____ Contact # _____

Dearborn Public Schools accept a parent's assertion that he or she needs language assistance without requiring additional corroboration. For free help with understanding the content of this document, please call the Student Services office 827-3005 for translation/interpretation assistance.

827-3005

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