

First Day of Running Club will be  
**Wednesday, September 4<sup>th</sup> at 2:45 pm.**

Running Club will meet  
Tuesday and Thursday mornings from 7:15-7:45 am  
and  
Monday and Wednesday afternoons from 2:45-3:15 pm  
You may come to as many days as you wish to run!

## Join Running Club 2019-20 Remind

(you will receive important notifications of cancellations due to  
weather or any other unexpected event)

### Message Instructions:

Text to: 81010

Text this message:

@4a86b6

### Email Instructions:

To:

4a86b6@mail.remind.com

Subject *This can be blank*

Bigger. Better. Bolder. Brighter.



100 MILE CLUB®  
SINCE 1993

## ELITE PACKAGE



The 100 Mile Club is starting soon at our school!  
The goal? Run or walk 100 miles and earn a Gold Medal.



Our Elite package incentives celebrate each MILEstone reached by your child on their 100 mile journey, and includes:

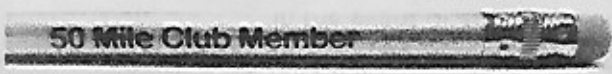
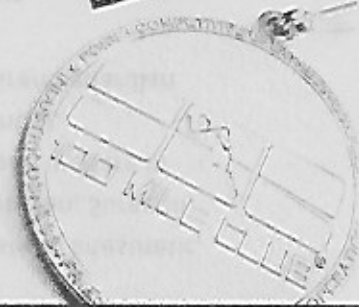
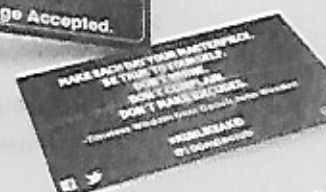
- 100 Mile Club 2019-2020 Annual Sticker
- Challenge Accepted ID card
- MILEstone T-shirt (earned at 25 miles)
- MILEstone Pencil (earned at 50 miles)
- MILEstone Wristband (earned at 75 miles)
- Final Year-End Certificate celebrating miles achieved for all students
- Gold Medal and Lanyard (earned at 100 miles)

Only \$10



Active kids simply do better - in the classroom and at home. Your child will experience success with goal setting, team spirit, perseverance, and increased self-confidence - while having a great time along the way!

Join us! We look forward to celebrating your child's accomplishments both on the track and in the classroom.



100MileClub.com

To sign up your child simply fill out the information and return to school.

Date \_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_

Shirt size (circle one) Youth: S, M, L Adult: S, M, L, XL, 2XL, 3XL

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

- Yes, \$10 is enclosed for one-year enrollment into the 100 Mile Club for the Elite package!
- Yes, I am interested in sponsoring \_\_\_\_\_ participant(s) for an additional \$10 per child.
- Yes, I am interested in volunteering or becoming an assistant coach within our community.

Total amount enclosed \$ \_\_\_\_\_  Cash  Check **Make checks payable directly to your child's school.**

*Wrightwood Elem. PTE*

**SNOWLINE JOINT UNIFIED SCHOOL DISTRICT – WRIGHTWOOD ELEMENTARY SCHOOL  
EXTRACURRICULAR ACTIVITY PERMISSION SLIP**

MEDICAL AUTHORIZATION-MINOR (EDUCATION CODE SECTION 35330), ACADEMIC REQUIREMENTS,  
RELEASE, ASSUMPTION OF RISK, AGREEMENT TO HOLD HARMLESS, AND PERMISSION TO TRAVEL

I, \_\_\_\_\_ (parent/guardian name), give permission for my child,  
\_\_\_\_\_ (student name) to participate in the extracurricular activity,  
\_\_\_\_\_ (name of activity), at Wrightwood Elementary School during  
the 2015-16 school year. I understand and acknowledge that as provided in Education Code Section  
35330, by consenting to allow my child to participate in the extracurricular activity, I shall, by law, be  
deemed to have given up all claims against the Snowline Joint Unified School District and each of its  
officers, employees, and agents for any injury, accident, illness, or death occurring during or by reason  
of the extracurricular activity. I also agree to relieve the district of any responsibility for damage to or  
loss of my child's property occurring during this extracurricular activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic,  
medical, dental, or surgical diagnosis or treatment and hospital care from a licensed Physician, Surgeon,  
EMT, Paramedic, and/or qualified coach or trainer, as deemed necessary for the safety and welfare of  
my child. It is understood that the resulting expenses will be the responsibility the parent(s),  
guardian(s), or participant. Whenever possible, attempts will be made to contact the parent/guardian  
prior to taking any medical action.

I give my permission for my child to travel to extracurricular activities by foot, bus  
transportation, or Wrightwood parent transportation. Parents may always provide their own  
transportation for their child to and from extracurricular activities. If known at this time, the dates,  
times, and places of these activities are attached.

Please complete the information below, including health and emergency information, as well as  
names of individuals who are permitted to transport your children to extracurricular activities.

Parent Signature \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Cell/Work # \_\_\_\_\_ Father's Cell/Work # \_\_\_\_\_

Parent's Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

IN THE EVENT OF ILLNESS OR INJURY AND THE PARENT(S)/GUARDIAN(S) ARE UNABLE TO BE REACHED, CONTACT:

Emergency Contact Name \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

I GIVE THE FOLLOWING INDIVIDUALS PERMISSION TO TRANSPORT MY CHILD TO THE ACTIVITIES NOTED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_