

## Galesville Area Summer Rec Youth Running Program

### DETAILS

**Starting June 30<sup>th</sup>, practice 3x/wk: Sun, Mon, Wed.**

**Practice end date: July 17<sup>th</sup>. Final meet: July 19<sup>th</sup>**

**Time: 6:15 pm – 7:30 pm**

**Ages: Any Area Youth Ages 9-14**

**Location: G-E-T High School Track/Field**



A fun, group running program for youth age 9 to 14. No experience required. Youth are divided into age/ability appropriate groups. Emphasis will be on running basics, stretching, strengthening and fundamentals through instruction and creative games. More experienced runners will focus on fundamentals, structured training and technique.

We will be on the G-E-T High School track emphasizing proper technique in track and field related events (running distances from sprints to distance. Hurdles, long jump, high jump and shot).

We will also have an emphasis on distance running. Participants will explore longer runs based on ability and will utilize the trails around the Middle and High School. Two track meets and an optional Road Run will be held these weeks.

**Included with registration:** Includes free t-shirt, participation/experience in track meets. \$5 entry fee to the Trempealeau Catfish Days Run/Walk.

### Meets and Races:

**Onalaska Track Meet:** Friday, July 12th @ Onalaska High School 700 Hilltopper Dr, Onalaska. (Check in begins at 8 am. Warmups at 8:30 am. Meet begins at 9am)

**Trempealeau Catfish Days Run/Walk\*\*:** Sun 7/14 (\*\*Run Club Participant registration of \$5 (Must wear GASR Run shirt for discount).

**La Crosse Track Meet:** Friday, July 19th @ La Crosse Central High School, 1801 Losey Blvd. S. (Check in begins at 8 am. Warmups at 8:30 am. Meet begins at 9am)

*All meets/runs are optional but highly encouraged. Parents are responsible for transportation to these off site events.*

Additional information will be provided at the start of the Running Program.

*Participants should wear running shoes, comfortable clothing to run in (t-shirt, shorts), sunscreen and bring a bottle of water.*

## Join us & GET Running!

[www.galesvillesummerrec.com](http://www.galesvillesummerrec.com)

\*Shirts provided by Communities Off n' Funning through a Gatorade Play It Forward grant awarded to the organization by Dana Feyen- Wisconsin's Gatorade 2018 Player of the Year for CC. Thank you Dana for encouraging area youth interested in running to get up, get out & get active! CO nF is a local 501c3 Organization dedicated to getting kids, families & communities active.

## Galesville Area Summer Rec Summer Youth Running Program 2019

First/Last Name(s) of Parent/Guardian: \_\_\_\_\_

Phone: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email: 1) \_\_\_\_\_

Email 2) \_\_\_\_\_

(meet info, weather communication)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Name	Birth Date	Age	Grade Fall '19	GASR member	Shirt size*
				Y / N	
				Y / N	
				Y / N	

\*Shirt sizes: Youth: YS, YM or YL Adult: AS, AM or AL

### 2019 Registration Fees:

One or more children are NOT registered for additional Galesville Area Summer Rec Programs. **Please include \$25 per unregistered child.**

One or more children ARE registered for additional Galesville Area Summer Rec Programs. **\$0 to register. To confirm with our records, please be sure the GASR registered name is the same as used on this form.**

**Mail form and appropriate fee to: GASR PO Box 53 Galesville WI 54630  
Registration Deadline: June 26<sup>th</sup>, 2019**

I hereby understand that my son or daughter is registered to participate in the program stated on this sheet, sponsored by Galesville Area Summer Rec. In addition, I understand that his/her program, like other physical activity, has some inherent risk involved. Furthermore, my daughter or son is in good physical condition appropriate for the stated activity, and I understand that participants must assume full responsibility for injury while taking part in these programs

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Galesville Area Summer Rec. Code of Conduct

## Player Code of Ethics:

- I will remember that winning is important but learning skills, good sportsmanship and teamwork are our goals.
  - I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice. I will be humble in victory and gracious in defeat.
  - I will listen, learn and play to the best of my ability. I will strive to always give my best effort at every game and practice. I will take responsibility for my mistakes and try to learn from them.
  - I will treat other players, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability and I will expect to be treated the same.
  - I will remember that this is a team sport. The team comes first, ahead of my individual accomplishments. I will be supportive of my teammates and helpful to my coaches.
  - I will take good care of team equipment, the field and physical property of the club. I will treat it with gentle respect. I will put equipment away when I am done using it.
  - I will NEVER throw a bat or anything in anger or display other signs of a bad temper after unsatisfactory play or an umpire call that I do not like.
  - I will remember that when I am wearing a Galesville uniform that I am representing my team and my town. I will behave in a respectful, courteous manner & realize that what I do is a reflection on my team/town.
  - I will respect the decisions of my coach. If I have a concern or problem with the program I will discuss it with the coach in private at a non game time.
  - I will make every effort to attend every practice & every game. I will make every effort to be on time. I will notify the coach if I am unable to attend or be on time.
  - I will give first priority to playing baseball in Galesville. If I sign up for another team I will discuss this with the coach in advance & understand that missing games/practices could influence my playing time.
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\_\_\_\_\_  
Player Signature

## Parent Code of Ethics:

- I will emphasize to my child that winning is important but learning skills, sportsmanship and teamwork are our goals.
  - I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.
  - I will place the well-being of my child ahead of my own personal desire to win. I will remember that the game is for the players, not for the parents.
  - I will offer encouragement instead of criticism and praise effort over performance. I will be sure that my child knows that “it is not whether they won or lost, it is how they played the game.”
  - I will treat other players, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability. I will encourage my child to do the same.
  - I will encourage my child to be present at every practice and game and to arrive on time. I will encourage my child to notify the coach when this is not possible.
  - I will be involved with the Galesville Area Summer Rec program as a supporter and volunteer to the extent possible.
  - If I have a problem with a coach or coaching philosophy I will discuss it with the coach calmly and in private at a non-game time. If I have an on-going concern I will take it to the board at a club meeting.
  - I will refrain from coaching, giving guidance, or speaking directly to my child while they are on the field whether it is during practice or a game.
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\_\_\_\_\_  
Parent Signature

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**Please indicate that you have read and understand the above codes of conducts by signing above and returning form to your coach. Please be aware no player will be permitted to participate in a game without returning a Code of Conduct signed by both player and parent.**

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**Galesville Area Summer Rec.**  
**Athlete Medical Release**

**Note: to be carried by coaches at all games and practices.**

Athlete: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

***In case of emergency contact:***

\_\_\_\_\_  
Name Phone Relationship to athlete

\_\_\_\_\_  
Name Phone Relationship to athlete

***Please list any allergies or medical problems:***

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus immunization: \_\_\_\_\_

***Parent/Guardian Authorization:***

In case of emergency, if I am not present, I hereby authorize my child, \_\_\_\_\_, to be treated by Certified Emergency Personnel. (i.e. EMT, First Responders, E.R, Physician)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date