



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Cross Country

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec,
“FOLLOW” US ON TWITTER, @CedarGroveRec OR call #973-230-9944**

- **Who:** Grades 1-8 (only grades 4-8 will compete in meets)
- **Where:** Cedar Grove Park (Fairview Ave.) – meet by Gazebo
- **When:** Tuesdays & Thursday - September 10 – end of Oct.
Grades 1-3: Tuesdays Only; **Grades 4-8** Tues. & Thurs.
- **Time:** 5:30-6:30pm
- **Fee:** Grades 1-3 – \$30/person; Grades 4-8 \$80/person
Late fee of \$10 after 9/13/19 – **no refunds after 9/13**
MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE

Description: Cross country is a sport where teams and individuals run long distance races on outdoor courses. This year the team will be coached by Cedar Grove resident, Johnny Fabrazzo. Johnny was a member of the Cedar Grove High School Cross Country and Track teams. Meets may be scheduled on days other than Tuesdays and Thursdays and will be held against towns such as Verona, Caldwell, Montclair and Millburn. Parents are responsible for the transporting of kids to away meets. Children in grades 1-3 will be learning the sport and only be participating in practice.

Cross Country – Fall 2019

NAME _____ GRADE _____ SEX: Female Male

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If *Yes*, explain) _____

Check One: Grade 1-3 _____ Grade 4-8 _____

T-Shirt Size:

(Circle Adult or Youth AND Size) **Adult** OR **Youth** Small Medium Large XL(adult only)

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

Signature _____

Date _____

\$30/\$80