



## Country Club Run Club - Information (2025-26)

The run club is a 30 minute running/walking fitness program led by parent volunteers and teachers to get students outside and exercising. The goal is to promote a healthy lifestyle, while also having fun and earning progress rewards.

- Welcome to all 1st - 5th graders. Parents are also welcome to participate and set a great example!
- Held Fridays after school (2:40-3:15pm) on the blacktop next to the baseball field. Parents then pickup students at 3:15pm at the school gate by the Kindergarten building.
- **First run club will be Friday, September 5th.**
- Kids' Country is fine with students arriving at 3:15pm if they wish to participate in run club.
- A necklace with charms is given to each runner. Charms are earned for every 5 miles completed. Special event charms are also given to everyone throughout the year.
- Will be canceled on rainy days since blacktop becomes slippery.
- Questions? Contact run club chairman: Rich Kretschmer ([richkretschmer@hotmail.com](mailto:richkretschmer@hotmail.com))

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## Country Club Run Club - Permission Slip (2025-26)

(must be completed in order to participate)

I authorize my child/children to participate in the Country Club Run Club, held Fridays from 2:40-3:15 pm during the school year on the school blacktop. By doing so, I hereby release The California Congress of Parents, Teachers, and Students Inc., and all PTA officers, employees, and agents of any and all claims, demands, actions, or causes of action in conjunction with the Run Club. In case of illness or accident, standard school emergency notification will be in place.

**Student Name:** \_\_\_\_\_

**Grade (1-5):** \_\_\_\_\_

My child has no known health problems: ☐

My child has the following health problems (also list any medication(s) that the child may need during the course of this activity): \_\_\_\_\_

**Student 2 Name:** \_\_\_\_\_

**Grade (1-5):** \_\_\_\_\_

My child has no known health problems: ☐

My child has the following health problems (also list any medication(s) that the child may need during the course of this activity): \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Phone Number** (will be texted about canceled days): \_\_\_\_\_