



Co-Sponsored by Bedford Public Schools & Bedford Parks Commission

BEDFORD COMMUNITY EDUCATION CROSS COUNTRY PROGRAM FALL 2018



The Bedford Youth Cross Country Program is open to all boys and girls who will be in grades K-6 in the fall of 2018. The league is divided into four divisions: K-3 boys K-3 girls 4-6 boys 4-6 girls

When: Teams will practice weeknights, once or twice a week beginning the week of September 17th. Practice times will be scheduled from 5:30 - 6:30 pm Monday and Wednesday. **Meets will be held at Indian Creek Field on Thursdays, beginning September 27, 2018.**

Deadline: **DEADLINE TO REGISTER IS FRIDAY, SEPTEMBER 7, 2018** - Registrations received after the deadline will be charged a \$5.00 late fee, and may not receive a shirt.....please register on time!

Coaches: **Volunteers are a must to coach each of the cross country teams.** If you or someone you know would like to help, please fill out and return the coaching form below. Coaches must be over 18 years of age.

Coaches Meeting: There will be a very important meeting for all coaches & assistant coaches on **Wednesday, September 12th at 6:30 pm**, at the Administration Bldg., Ste. 6 **ANYONE WHO SIGNS UP TO COACH SHOULD PLAN TO ATTEND WITHOUT ANY FURTHER NOTICE.**

Fee: **\$60.00** (includes team shirt, officials for 5 meets & program expenses) Refunds will only be issued if requested at least at 3 business days prior to the league start date. Refunds requested less than 3 business days, but before the 2nd practice, will be 50% of the registration fee. No refunds after a teams second practice. A \$5.00 service fee will be deducted from all refunds.

Team Assignments: **Players will be called by their coach by September 12th to provide team info. Plan to start practice on Monday, September 17 at 5:30pm.**

REGISTER IN PERSON OR BY MAIL TO: COMMUNITY EDUCATION OFFICE - 1623 W. STERNS RD. TEMPERANCE, MI. 48182 *Payment, to Bedford Public Schools, MUST accompany your completed registration form or online at www.mybedford.us/communityeducation. You are also required to complete health and release forms. These can be downloaded from the Community Ed website and brought to the first practice or completed in the office.*

2018 FALL CROSS COUNTRY RUNNER'S REGISTRATION

Name: _____ Phone: _____

Parent's Name: _____ Work/Cell Phone: _____

Address: _____ City: _____ Zip: _____

E-mail _____ Best way to reach you ___ E-mail ___ Text ___ Phone

Age: _____ Grade: _____ Please Circle: BOY GIRL Team Shirt Size: YS YM YL AS

List all siblings in this league _____

2018 FALL CROSS COUNTRY - COACHING REGISTRATION

Name: _____ Home Phone: _____ Work/Cell Phone: _____

Address: _____ City: _____ Zip: _____

Driver's License Number _____ Birthdate ____/____/____

I'd like to (circle one): COACH ASSIST Grade Level you wish to coach _____ Boys or Girls

Person you wish to coach with: _____ Best way to reach you ___ E-mail ___ Text ___ Phone

Child(ren) you wish to coach _____

Please circle your preference: Practice days: Mon Tues Wed Times: 4:30-5:30 or 5:30-6:30

Community Ed requires a background check of coaches/assistants. Please sign to authorize _____