

## Milton Middle School Cross Country

Students in grades 6-8 are invited to join a cross country team being formed for the fall. The team is NOT sponsored by the School District of Milton. Syl Groeschl (the high school cross country coach) and his wife, Linda Groeschl, are sponsoring the team. There is no cost to any runner.

Once school begins, practices will be held 2-3 times a week from 3-4:30 at Northside Intermediate School. 6th graders will join in at practice after Northside releases for the day. There are currently 3 scheduled meets, with the possibility of a few more. Parents will be expected to transport runners to meets.

All runners who wish to participate will need to fill out a medical form and sign a liability waiver.

For more information, please visit the Milton Cross Country website, [miltoncrosscountry.org](http://miltoncrosscountry.org) (click the middle school link on the left side of the screen). You can also contact the following coaches:

Linda and Syl Groeschl  
608-774-9204 (Linda)  
608-868-3250 (Syl)  
[sylgroeschl@hotmail.com](mailto:sylgroeschl@hotmail.com)

Melissa Perkins  
608-290-7134  
[perkinsm@milton.k12.wi.us](mailto:perkinsm@milton.k12.wi.us)

\_\_\_\_\_ has my (our) permission to  
(Runner's name)  
participate in all Milton Cross Country sponsored practices and events.

The undersigned parent or guardian assumes all risks in connection with the student's participation in any and all of the Milton Cross Country sponsored activities. I (we) hereby release and discharge the Milton Cross Country coaches and sponsors from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities.

I do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I will be responsible for my child's transportation to and from all sporting events. In addition, my child may also travel to and from any athletic functions that meet the criteria initialed below: (initial all that apply)

\_\_\_\_\_travel with a coach

\_\_\_\_\_travel with another parent

Student's Name \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Milton Cross Country  
Emergency Medical Form

Student's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_ Doctor: \_\_\_\_\_

Allergies (including those to medication/s) or other important medical information:

\_\_\_\_\_

If unable to reach parents in an emergency, contact:

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that reasonable attempts to contact me/ us are unsuccessful, I/we give consent to any treatment deemed necessary by the physician name above or by another licensed physician, and for the transfer of the student to the hospital named above or to any hospital reasonably accessible.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date

NOTE: Please list additional information you think the coach should know about your child on the back of this form.

