

Everett School District No. 2
CROSS COUNTRY SAFETY GUIDELINES
High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

- 1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
- 2. Advise the coach if you are ill or have any prolonged symptoms of illness.**
- 3. Advise the coach if you have been injured.**
- 4. Engage in warm-up activities prior to strenuous participation.**
- 5. Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
- 6. Run only on the course prescribed by the coach.**
- 7. Run in pairs in unfamiliar territory or in areas where there are few people.**
- 8. Watch for objects being thrown from passing cars.**
- 9. Approach dogs with caution.**
- 10. Be familiar with basic first aid treatment for heat exhaustion, heat stroke, sprained ankle, or other runner-related injuries.**
- 11. Face the oncoming traffic when running in roads. Be cautious at intersections and be acutely aware of erratic drivers.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the cross-country program.

_____ Date: _____

Athlete's Signature

_____ Date: _____

Parent or Guardian's Signature

High/Middle School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics: Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card: Yes ☐ No ☐