



# OLOH Track and Cross Country Schedule

*(Tentative Schedule)*

We are a parent run volunteer activity. Without volunteers, there is no activity. We will be responsible for managing one event at the CYO Championships on Sunday, September 28th. We need a parent to coordinate and at least 5 other parent volunteers for that event. Volunteer timers are needed at every activity.

## Eligibility:

- Anyone enrolled in 3<sup>rd</sup> through 8<sup>th</sup> Grade school or CCD program at Our Lady of Hope, Saint Teresa, St. Johns of Leesburg, or Christ the Redeemer. Also, those in a recognized home school program who are members of any of the above Parishes.
- Other participants are welcome, such as K through 2<sup>nd</sup> grade, cousins, friends, etc., but these participants are not eligible for the September 27 and 28th CYO championships. If you would like your K through 2<sup>nd</sup> grade child to participate, please stay close by throughout the practice or meet.

**Cost:** \$20 per participant, max \$30 per family (cash or check payable to "Our Lady of Hope CYO")

## House Rules –

- We are guests of Potomac Falls High School. Let's be good guests.
- No playing under bleachers
- No one goes alone to the restroom
- Leave it cleaner than we found it

## Events:

- We offer opportunities to participate in a variety of running distances from 55 Meter sprints to 3000 meter distance runs.
- Field events include shot put, long jump, softball throw, and turbo javelin
- Everyone can find something they enjoy.

In case of rain, we will practice at the Our Lady of Hope gymnasium. We will never be rained out.

## Thanks to the Potomac Falls Panthers:

. As a token of our appreciation for their support, we typically donate to the Panther Track refreshment fund. This enables the Panthers to buy water and energy snacks for their athletes. Usually, a \$3 to \$5 donation per participating family allows for a generous donation to the Panthers and enables them to take care of their athletes in Regional and State Championships. Please give your donation to Tricia Gilmore at practice.

For more info, contact one of our coaches:

Paul Gilmore: [pjgilmore@gmail.com](mailto:pjgilmore@gmail.com)

Caroline Tynan: [crzajac97@aol.com](mailto:crzajac97@aol.com)

Karen Elia: [karenelia69@hotmail.com](mailto:karenelia69@hotmail.com)

Also, see our Facebook page: <https://www.facebook.com/groups/334874912894/?fref=ts>



# OLOH CYO

## Track/Field and Cross Country

### Fall 2014 Schedule

(Updated August 27, 2014)

WHEN	WHAT	WHERE	TIME	INFORMATION
Sunday, September 7	First Track/Field Practice and Parents Meeting	<b>Potomac Falls High School</b> track (Heavy Rain?, meet at OLOH School Gym)	2:00 pm– 3:45pm (arrive by 1:45pm)	Bring completed forms and check (payable to "Our Lady of Hope CYO") or cash, please
Sunday, September 14	Practice	<b>Potomac Falls High School</b> track (Heavy Rain?, meet at OLOH School Gym)	2:00 pm - 3:45 pm	Bring completed forms and check/cash, please
Sunday, September 21	Peter Banks Invitational, Fairfax Police Youth Club (K thru 8th)	<b>Daniels Run Fairfax, VA</b> (Directions Below)	1:30 - 4:00pm	Bring water bottle Fee \$3 per runner
Saturday and Sunday, September 27/28	CYO Track and Field Meet (3rd thru 8th grade)	<b>Bishop O'Connell H.S</b> (Directions below)	Sat. 27th 7th & 8th 8:00 - 11:30am 5th & 6th 11:30 - 4:00pm Sun. 28th 3rd & 4th 12:00 - 4:00pm	Please RSVP to Coach Gilmore if you are attending and what 4 events you prefer. Bring water
Sunday, October 5	FPYC Cross Country Meet (K - 8th)	<b>Van Dyck Park Fairfax, VA</b> (Directions below)	<b>1:30 PM - 4:00 PM</b>	Bring water bottle Fee \$3 per runner
<b>Sunday, October 12</b>	<b>No Practice, Columbus Day Weekend</b>			
Sunday, October 19	Practice, Cross Country	<b>Algonkian Park,</b> boat ramp area	2:00 - 3:00pm (Note shorter time, no field events, just running)	Bring Water, sweatshirt if chilly
Saturday, October 25	NOVA Athletic Club Cross Country Invitational (age 9 - 18) (child's age as of 12/31/13)	<b>Ida Lee Park, Leesburg</b> (Directions below)	10:30am Races start (arrive by 9:30)	Bring Water, \$5 Fee per runner 9 - 12 years - run 3K 13 - 14 years - run 4K High School Runners - run 5K
Sunday, October 26	Practice, Cross Country	<b>Algonkian Park,</b> boat ramp area	2:00 - 3:00pm (Note shorter time, no field events, just running)	Bring Water, sweatshirt if chilly
Sunday, November 2	<b>Cascades MelaNoMore</b> 5K Run/Walk (or come Volunteer)	<b>Cascades</b>	Race time: 8:00am	<a href="http://www.melanomore5k.com">http://www.melanomore5k.com</a>
Sunday, November 2	<b>CYO Cross Country Championship</b>	<b>Burke Lake Park</b> 7315 Ox Road Fairfax Station, VA	Races Begin at 1:00pm, please arrive prior for warm-up. Younger kids run first.	3/4th, run 2K 5/6th, run 3K 7/8th, run 4K (more course details will come week of event)
<b>Sunday, November 16,</b>	<b>Ribbons and Medals Party</b>	<b>OLOH Church Parish Hall</b>	<b>6:15 - 7:30pm</b>	<b>Desserts and Hot Chocolate Bar, Ribbons, and Medals (bring a dessert or fruit to share)</b>



See our **Facebook** page for latest news, results, photos, and more:

<https://www.facebook.com/groups/334874912894/?fref=ts>

**Daniels Run Elementary School / Daniels Run Park**

3705 Old Lee Highway

Fairfax, VA 22030

<http://www.fcps.edu/maps/lay.htm>

**Van Dyck Park (Fairfax Police Youth Club)**

3720 Old Lee Highway

Fairfax, VA 22030

<http://www.fairfaxva.gov/ParksRec/CityParks.asp>

**NOVA Athletic Club Cross Country Invitational**

60 Ida Lee Drive, NW

Leesburg, Virginia 20176

**Bishop O'Connell High School**

6600 N Little Falls Rd, Arlington, VA 22213

<http://www.bishopoconnell.org/page.cfm?p=403>

## PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_ (School/Parish), am a participant in **NVJCYO Cross Country Track** (*Name of Program/Activity*) and hereby acknowledge that this program may involve a variety of activities which may be both physical and mental in nature. These activities are designed to be within the limits of a person who is in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability.

### Liability Coverage:

The Parish/School is not furnishing and is not responsible for and assumes no liability in connection with participation in this activity. The Parish/School is not furnishing and is not responsible for and assumes no liability of guarantee or assurance of safety of participants and/or elimination of all risks from the environment. The Parish/School is not furnishing and is not responsible for and assumes no liability for the safety of personal property during participation in the program. The Parish/School is not furnishing and is not responsible for and assumes no liability for monitoring and/or control of all the daily personal decisions, choices, and activities of the individual participants. The Parish/School is not furnishing and is not responsible for and assumes no liability for assumption of responsibility for the actions of persons who are not volunteers or employees of the Parish/School or otherwise engaged by the Parish/School, for events that are not part of the program, or that are beyond the control of the Parish/School and its subcontractors. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and hold harmless the PARISH, to include but not limited to, the Diocese of Arlington, The Most Reverend Paul S. Loverde and his successors in Office, their officers, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

### Use of Vehicles:

I further acknowledge, with regard to any personal vehicle driven by me or which I am a passenger in, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for liability or physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle. I acknowledge that if I choose to park at any Diocesan facility, I do so at my own risk.

### Reimbursement of Medical Expenses:

I recognize and acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

### Informed Consent to Medical Treatment:

In the event of an injury, I hereby give the Diocese of Arlington and/or its parish(es) full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

### Safety:

Further, I agree to follow all procedures and safety precautions set forth by the Diocese and the parish(es) in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

### I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent if Participant is less than 18 years old  
(Parents must also complete a medical release for all minors)

Date

# **Fall Track and Cross Country 2014 Contact Information**

<b>Participant name:</b>	<b>DOB</b>	<b>Grade</b>	<b>Payment Information: (Cash or Check)</b>	<b>Amount \$:</b>	<b>Emergency Contact Name:</b>	<b>Emergency Contact Numbers:</b>

\* 1 form per family.

## MEDICAL RELEASE FORM

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

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Date of Birth

Date of last Tetanus Booster

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Known allergies including any allergies to medicine (Continue on back of form if needed)

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Any other medical problems which should be noted (Continue on back of form if needed)

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Name of Parent/Guardian

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Address

City/State/Zip

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Phone Home

Work

Mobile

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Person responsible for charges (if different from above)

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Address

City/State/Zip

---

Phone Home

Work

Mobile

---

Person to notify if parent/guardian is unavailable

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Phone Home

Work

Mobile

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Family Physician Phone

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Insurance Carrier & Policy Number

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Signature of Parent

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Date

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Signature of Witness

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Date