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| **M★N★S★**  **Millidgeville North School**  **500 Woodward Ave**  **Saint John, NB E2K 4G7**  **Tel: (506) 658-5353**  **Principal: Michael Whelton Vice-Principal: Michelle Price** | | | | | | | | | | | | | | |
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| Your child has expressed interest in participating in the ASD-S Elementary Cross Country Meets. They will be representing MNS. | | | | | | | | | | | | | |  |
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| Dates | **Thursday, September 17th**  **Thursday, September 24th**  Thursday, October 1st (Rain Date ONLY)  **Wednesday, October 7th** | | | | | | Time | 3:45pm sharp (participants should arrive by 3:30pm to ensure they find our school and do not miss their turn). | | | | | | |
| Location | | | | September 17th, September 24th, and October 1is (only if necessary) will all be held at Fisher Lakes in Rockwood Park. On October 7th, it will be held at River View Park (Woolastook), across from the Bowlarama West at Simms Corner. | | | | | | | | | | |
| Transportation | | | | | Students must arrange their own transportation to/ from the Cross Country Meets each week. Students should be picked up at the Walker/ Pick Up zone of the school. | | | | | | | | | |
| Practices | | | | | Practices will be held at recess on Mondays and Wednesdays (September 14, 16, 21, 23, 28, 30 and October 5). Students are encouraged to attend practices, although they are not mandatory. | | | | | | | | | |
| Notes | | Each school is required to bring with them a volunteer, who will be given a task when they "check in" at Fisher Lakes and/or River View Park. The starting position of MNS Participants are decided when our volunteer(s) meet Dennis May (Meet Manager) in the parking lot on or before 3:20pm on race day. Volunteers will be assigned one of the following tasks: | | | | | | | | | | | | |
|  | | -          Spotter along the course -          Helping to organize runners before the start of each race  -          Policing  If this is something any of you are willing to volunteer for, please contact me as soon as possible at: [Rachel.dempster@nbed.nb.ca](mailto:Rachel.dempster@nbed.nb.ca) Thanks, Rachel Dempster & Carol Gatien | | | | | | | | | | | | |
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| Please return this permission slip by no later than: | | | | | | | | | Wednesday September 16th, 2015 | | | | | |
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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my son/ daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the ASD-S Cross Country Meets, representing MNS. I also understand that it is my responsibility to arrange transportation to and from each meet. My child’s Medicare number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  In case of an emergency, please contact: | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | Phone | |  |  | |
| Parent/Guardian Signature | | | | | |  | | | | Date |  | |  | |
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