Montville Township Parks & Recreation Department’s

CROSS COUNTRY CLINIC

WHO: Children who will be 7—15 years old by December 31, 2020. Must be Montville Township residents!
(Example: Currently 6 yrs. old, but will be 7 by December 31, 2020, then they are considered 7 years old.)

Age Groups & Race Distances:
- Sub-Bantam - 7 & 8 year olds — 1700 meters (About a mile)
- Bantam - 9 & 10 year olds — 2000 meters (1.25 miles)
- Midget - 11 & 12 year olds — 3000 meters (Almost 2 miles)
- Youth - 13 to 15 year olds — 4000 meters (2.5 miles)

WHAT: An opportunity to participate in a cross country clinic/conditioning program. Practices will include workouts & distance runs of two to three miles and games. We continue to look into potential opportunities for competitions and keep you updated.

COORDINATORS: Director & Head Coach Diana Pelov, Coaches Dan Burkert & Samantha Savercool
TEAM WEBSITE: https://montvilletrack.shutterfly.com

WHERE: Practices meet near the parking lot behind the H.S. by the Amphitheater.

WHEN: THE FIRST PRACTICE IS ON TUESDAY, AUGUST 18th until the end of October.
Practices are as follows: Tuesdays, Wednesdays and Thursdays from 7:00 to 8:00pm, then 6:00pm to 7:00pm as the days get shorter. * Depending on registration numbers, practice nights may be split into small groups and limited to a specific day(s).

MEETS: Potentially. Will keep you updated.

COST: $65.00 registration fee
NOTE: There will be a $20.00 processing fee for program refunds PRIOR to program start!
PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)
REGISTRATION PROCEDURES:
1. On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee) OR
2. Payment Drop Box in Municipal Building’s Parking Lot (Check Only….must have family page set up on Community Pass)
For On-Line Registration !!! Go to the town’s website at: http://www.montvillenj.org/RecRegistration
To Download Registration Forms go to: http://www.montvillenj.org/RecFlyers

Please consider volunteering for our program!

Volunteer Areas of Responsibilities

Practice Volunteers - assist the coaching staff at practice in regards to monitoring the practice areas (race course, street, gardens, or track), warming up with the children, helping them stretch, keeping a close eye on the children, encouraging the children, monitoring the children at arrival and departure, and taking the children to the bathroom.

All volunteers assisting with children must complete our in town Coach Certification Class and a background check through the Recreation Dept. You may download a list of coach certification class dates and a coach application packet at: http://www.montvillenj.org/RecFlyers

Email Ldent@montvillenj.org to receive more information about becoming a certified volunteer.

QUESTIONS ??? Call Recreation: 973-331-3305 OR visit our website: www.montvillenj.org

LIKE us on FACEBOOK at: https://www.facebook.com/Montvillerec/
Montville Recreation’s
CROSS COUNTRY CLINIC REGISTRATION
Fall 2020

Name_____________________________ School ___________ Grade _____ D/O/B _________ M/F ___
Address _____________________________ Town ______________ Phone ______________________

EMAIL ADDRESS (Please distinguish b/w letters & numbers) ______________________________________

PARENT/GUARDIAN EMERGENCY INFORMATION:
1. Name ________________________ Relation ______________ Phone Number ___________________
2. Name ________________________ Relation ______________ Phone Number ___________________

Please list any special needs that your child may have that will assist us in providing your child with a successful experience:
________________________________________________________________________________

Please describe any medical or health problems your child may have:
________________________________________________________________________________

Is there any medication to be taken in certain emergencies? _________ If yes, please describe:
________________________________________________________________________________

IN CASE OF EMERGENCY (ICE) the following people are permitted to pick up my child:
1. Name ________________________ Relation ______________ Phone Number ___________________
2. Name ________________________ Relation ______________ Phone Number ___________________

***

PLEASE CIRCLE IF YOU CAN VOLUNTEER for any of the following jobs:

Practice Volunteers  and/or  Photographer

VOLUNTEER NAME______________________________ CELL PHONE_________________________

EMAIL ADDRESS (Please distinguish b/w letters & numbers) ______________________________________

***

PARENTS/GAURDIANS ARE REQUIRED to SIGN & RETURN the CODE OF CONDUCT on the next page!

I hereby grant the Montville Township Recreation Department permission to use my child’s image for press releases and/or track website?  Yes _____  OR  No _____

PARENT/GUARDIAN SIGNATURE ________________________________________ DATE __________

My child has my permission to participate in this program.
I understand that the Montville Recreation Department DOES NOT provide accident insurance.

PARENT/GUARDIAN SIGNATURE ________________________________________ DATE __________

FOR OFFICE USE (8/4/2020):  Fee Paid _____  Cash  Check  Received By _____  Date _____  PROGRAM # 851
Montville Township Recreation Athletic Code of Conduct

The following is promulgated in accordance with the provisions of State of New Jersey P.L. 2002, Chapter 74.

PREAMBLE: Interscholastic and youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not use drugs or alcohol while at a youth sports event and will not attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
6. I will not permit my child, or encourage any other person, to use drugs or alcohol at a youth sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
7. I will not engage in the use of profanity.
8. I will not encourage my child, or any other person, to engage in the use of profanity.
9. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
11. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
12. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
13. I will not initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
14. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
15. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
16. Failing to abide by a league/organization rules for minimum playing time required for each player.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a youth sports event I will be subject to disciplinary action, including but not limited to the following in any order or combination, and possibly be banned as described in provision P.L. 2002, chapter 74:

1. Verbal warning issued by a league, organization or school official.
2. Written warning issued by a league, organization or school official.
3. Suspension or immediate ejection from a youth sports event issued by a league, organization or school official who is authorized to issue such suspension or ejection by a school board or youth sports organization.
4. Suspension from multiple youth sports events issued by a league, organization or school official who is authorized to issue such suspension by a school board or youth sports organization.
5. Season suspension or multiple season suspension issued by a school board or youth sports organization.

N.J.S.A. 5:17-4 VIOLATION OF CODE OF CONDUCT: Any student, coach, official, parent or other person subject to the terms and condition of an athletic Code of Conduct established pursuant to the provisions of P.L. 2002, c. 74 (C.5:17-1 et seq.) who violates the provisions of the athletic code of conduct, may be banned from attending any subsequent school or community sponsored youth sports event. In the event that any student, coach, official parent or other person subject to the terms and conditions of an athletic code of conduct is banned from attendance, that person may petition the school board or sports team for permission to resume attendance. Prior to being permitted to resume attendance, the school board or sports team shall require the individual to present proof of completion of anger management counseling through a public or private source.

Signature: _____________________________ Date _____________________________

Name (please print) _____________________________ Mono. Code of Conduct 8.1.06
BEFORE REGISTERING YOUR CHILD FOR CROSS COUNTRY PLEASE CAREFULLY READ ALL OF THE PROTOCOLS & REQUIREMENTS LISTED BELOW.

**Coronavirus Procedures, Protocols and Required Documents:** Your Child’s safety and health is always our number one priority. Sending your child to a Recreation sponsored class is a personal choice in a very uncertain time. By following the recommendations of the New Jersey State Dept. of Health, and the CDC, we are working to keep risk as low as possible.

**Covid-19 Waiver** – Must be completed by all staff and parents/guardians of participants and or staff under the age of 18. You will be signing off on this Waiver Electronically during the registration process.

**Daily Health Questionnaire** – (See Attached) A Daily Health Questionnaire that outlines CoVID-19 symptoms is required to be turned in by every staff member and class participants Parent/Guardian at curbside checkpoint else participation is prohibited! Anyone showing symptoms or sharing a residence with others who currently have symptoms should not come to class and should follow the importance of staying home when experiencing symptoms of COVID-19 or residing with someone experiencing symptoms of COVID-19. [https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html) ***Please see the Governor of New Jersey's 14-day quarantine travel advisory that applies to travel from the states listed at [https://covid19.nj.gov/faqs/nj-information/general-public/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey](https://covid19.nj.gov/faqs/nj-information/general-public/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey). Travel is asked on the Daily Questionnaire. If your family intends on traveling to any of the restricted states class participants will be expected to quarantine the 14 days.

**Daily Temperature Checks** – Will be conducted on all staff and participants daily and recorded on a daily health questionnaire. Parents will be asked to submit the questionnaire each day before permitting participants into program. Any staff member or child showing symptoms of COVID-19 including cough, shortness of breath, or a temp of 100.4 or higher will not be permitted to attend class.

**If a Child/Staff has any symptoms** – Recommended guidance for community-related exposure, when a class participant or staff member presents symptoms of COVID-19 and when they can return to their activity are based on the CDC guidance for community-related exposure. [https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html)

**PPE/Masks for Staff and Participants** – All will be required to bring and wear masks for check in and out or anytime social distancing cannot be met. If your child cannot wear a mask for health related reason, please advise our office upon registration.

**Drop Off Procedures** – Lower back parking lot of the H.S. below the Amphitheater. Parents will not be allowed to exit their vehicles!!! Upon arrival staff will collect the Daily Health Questionnaire for every participant and take their temperature. Once cleared, your child (ren) may join the program once using a hand sanitizer to disinfect their hands. .

**Pick Up Procedures** - Lower back parking lot of the H.S. below the Amphitheater. Parents will not be allowed to exit their vehicles. Coaches will release participants to parents.

**FAQ’s and NEED TO KNOW**

**COVID-19 PROCEDURE/GUIDELINE REMINDERS**

- Do not register for this program if you are not comfortable with the guidelines set forth by the NJ DOH, CDC or Recreation Department’s protocols and procedures for programming at this time.
- Do not come to class if you or any member of your household are not feeling well or have been exposed to a person with COVID-19.
- Do not come to class if you or any member of your household have been exposed to a person with COVID-19 within the past 14 days.
Waiver of Liability Relating to Coronavirus/COVID-19 for Participant (Minor)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It is reported to be extremely contagious, with no known treatments, cure or vaccine. COVID-19 is believed to spread mainly from person-to-person contact, however the exact methods of spread and contractions are still unknown. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Montville Township Recreation has put in place preventative measures that abide by the New Jersey State Department of Health Guidelines to reduce the spread of COVID-19; however Montville Township Recreation cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while participating in recreation sponsored programs or events. It is not possible to prevent against the presence of the disease. Therefore, if you or your child choose to participate in any programs or events you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child in order to participate in a recreation sponsored program or event. These services are of such value to me and my child that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in programs or events sponsored by the Montville Township Recreation Department.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Township of Montville, its departments, agencies, boards, commissions, officers, officials, agents, servants, administrators, and employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to (as a result of participating in a recreation sponsored program/event). I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of New Jersey will apply to this contract.

I acknowledge that a temperature check and health questionnaire for every participant will be required every day of participation. I am prepared to confirm that myself nor my child nor anyone in the family (household) has any knowledge of testing positive for COVID-19 in the last 14 days, being in contact with someone who has tested positive for COVID-19 in the last 14 days and that myself nor my child nor anyone in my household is presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat, or Rash.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of ____________________________, minor under the age of 18. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent/Guardian Signature: ___________________________________ Date: ________________

Parent/Guardian Name (printed): ___________________________________________________
Daily Health Questionnaire

Parents/Caregivers must complete and submit this Program COVID-19 Health Questionnaire every day to attend each class. Participants without a COVID-19 Health Questionnaire will NOT be allowed to participate. No Exceptions will be made!

Participants First Name ___________________________ Participants Last Name ___________________________

Program Name: CROSS COUNTRY CLINIC    Date: ______________________

Does your child live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test for COVID-19. Circle: Yes No

Has your child or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? Circle: Yes No

Has your child or anyone in the family (household) visited any states listed under the Governors 14-day quarantine travel advisory in the past 14 days? Circle: Yes No

Has your child exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition (Circle Below)?

<table>
<thead>
<tr>
<th>Fever: Yes No</th>
<th>Cough: Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty Breathing: Yes No</td>
<td>Muscle Aches or Pain: Yes No</td>
</tr>
<tr>
<td>Chills: Yes No</td>
<td>Sore Throat: Yes No</td>
</tr>
<tr>
<td>Unusually Weak/Fatigued: Yes No</td>
<td>Runny/Congested Nose: Yes No</td>
</tr>
<tr>
<td>Repeated Shaking/Shivering: Yes No</td>
<td>Shortness of Breath: Yes No</td>
</tr>
<tr>
<td>Loss of Taste or Smell: Yes No</td>
<td>Diarrhea: Yes No</td>
</tr>
<tr>
<td>Rash appearing anywhere on the body: Yes No</td>
<td></td>
</tr>
</tbody>
</table>

Please provide additional information below if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies):

If the child is experiencing any of the above symptoms prior to attending, without an explanation not related to possible COVID-19, the child is required to STAY HOME until symptom free.

I certify to the best of my knowledge; this information is accurate.

______________________________  __________________________
parent/caregiver full name printed  date

______________________________
parent/caregiver signature

For Official Use Only:

Child’s temperature prior to attending program: _________________________

Ldrive.summer camp 2020. Camp Protocols.doc