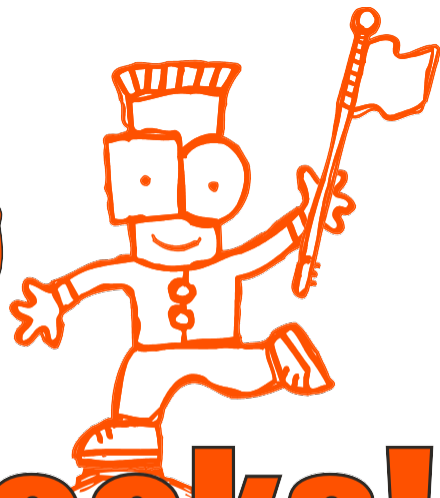




Scan with phone
for on-line
registration

Kids
Running
Clinic



Running Rocks!

Conducted by Starved Rock Runners, Ltd.

In Memory of Bob Rehn

Every Monday beginning June 9th thru August 4th, 2025

Baker Lake • Peru • East Entrance off of Chartres St.

6:00PM 7:00PM • Please be prompt

Cost \$10.00. Free for Members of SRRL

The age range for the Clinics will be 6-15. Kid's with advanced skills will be placed accordingly. Clinic participants will receive an event T-shirt. The clinic will teach stretching and warm up techniques, as well as running instruction. The Clinic is designed to build self-confidence, improve running stamina, and is a great start to a lifetime of fitness.

SIGNUP ON-LINE AT:

<https://runsignup.com/Race/IL/LaSalle/SRRLKidsRunningClinic>

APPLICATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ DOB ____/____/____ Age _____ Sex _____

Email _____

T-Shirt Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL

Does your child have any special needs that we should know about. Please describe (use back if necessary):

PLEASE READ

I understand that the Starved Rock Runners may dismiss my child from participation in the Kids Clinic if the child exhibits the desire to not participate, does not follow instruction and/or causes disruption to the group. I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of the clinic official relative to my ability to safely complete the clinic. I assume all risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to the act on my behalf, waive and release the Road Runner's Clubs of America, the Starved Rock Runners, Ltd. and all sponsors, their representatives and successors from all claims or liability that may arise out of negligence or carelessness on the part of the persons name in this waiver and grant permission to use my picture or likeness.

Signature (Parent or Guardian) _____ Date _____

MAKE CHECKS PAYABLE TO: STARVED ROCK RUNNERS
MAIL FORM TO: SRRL KID'S CLINIC, PO Box 1092. LaSalle, IL 61301

