**Dear Parent/Guardian,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School is implementing the Doctors Nova Scotia **Kids’ Run Club** beginning \_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_. Our club will run every \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_ o’clock.

Students in grades \_\_\_ - \_\_\_ are invited to join, regardless of fitness level or experience with running. Walking breaks will be encouraged when necessary and students will gradually build their stamina with each run they do. Kids’ Run Club is all about fun, not competition.

All participants will receive a finisher’s prize from Doctors Nova Scotia. There is a Runner’s Handbook containing information about running and healthy living and a running log which can be viewed and/or downloaded from the Kids’ Run Club section at [www.doctorsns.com](http://www.doctorsns.com).

This program is being offered at no cost. Your role in making it happen is to ensure your child arrives prepared on run-day. Outdoor runs will occur whenever possible so please make sure your child comes to school with clothing appropriate for weather conditions and a change of clothes on wet days. All participants must wear sneakers for running. High-heeled shoes, sandals, Crocks and boots are not permitted.

Please advise the coaches if your child may experience difficulty participating in a vigorous activity like running for any reason. Also, please provide all information regarding any medical condition which may limit your child from participating in Kids’ Run Club or any medication or dietary requirements your child may require while running.

If you’re interested in helping with Kids’ Run Club and/or receiving updates regarding the program, please include your contact information on the permission slip below.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**✂-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**School Permission Slip for Doctors Nova Scotia Kids’ Run Club**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to

participate in Kids’ Run Club at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School.

Child’s Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Yes, I am able to help with the program

🞎 Yes, I would like to receive Kids’ Run Club updates by email

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone #) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_