

STARS/ATC



ATC YOUTH CROSS COUNTRY SERIES

SCHEDULE OF MEETS

- August 25: *ALL STAR DIVISION RACE @ Schneider Park, 380 Mineola Ave, Akron, OH 44320
September 8: Tallmadge Invitational, 140 N Munroe Rd, Tallmadge, OH
September 15: Malone 360 Invite, 2600 Cleveland Ave NW, Canton, OH 44709
September 22: Jackson Invitational @ Jackson Middle School
7355 Mudbrook St. N.W., Massillon, OH 44646
September 29: St. Peregrine Invitational, Richfield Woods, 4100 Broadview Rd, Richfield, OH 44286
October 6: STARS/ATC Youth Cross Country Championship
@ Streetsboro City Park 8970 Kirby Lane, Streetsboro, OH 44241

* ALL STAR DIVISION RACE COMPETITION IS A ONE MILE RACE OPEN TO INDIVIDUALS WHO FALL UNDER THE AUTISM SPECTRUM OR OTHER FORMS OF DISABILITIES. IT WILL BE THE ONLY RACE OFFERED ON THIS DAY.

REGISTRATION OPTIONS

TIME SCHEDULE

Individual Registrations (2 options)

1. Complete Season - \$75 (5 meets)
2. Single Invite - \$20 per meet
3. Championship - \$25
4. All Star Division - Donation

- | | |
|----------|-----------------------|
| 1:30 pm: | Division – ALL STAR |
| 2:00 pm: | Division I COED |
| 2:05 pm: | Division V COED |
| 2:10 pm: | Division IV - COED |
| 2:25 pm: | Division III – Female |
| 2:35 pm: | Division III – Male |
| 2:55 pm: | Division II - Female |
| 3:10 pm: | Division II – Male |

Team Registration

1. Complete season (\$65 per athlete)

If paying by mail, please make the check out to the following: ATC XC Series, 3108 Sparrows Crest, Akron, OH 44319. Now you can pay online, by venmo or by check. Please call Dan Lancianese for details.

Age Divisions

(ages as of September 9/1/2023)

- Division I – 13/14: Run 2 miles
Division II – 11/12: Run 1.5 miles
Division III – 9/10: Run 1.5 miles
Division IV – 8 and under 1 mile
Division V – 6 and under (or 400 meters)
Division – ALL STAR: Run 1 mile

Odds & Ends

1. Team scoring for Division II and III
2. Gender specific team and individual awards (only exception is Division V)
3. A runner can run up a division
4. Individual awards for top 20 each race

Questions/Comments: please contact Dan Lancianese @ 330-352-5602 or by email: dlancian22@gmail.com. Visit our website @ www.atcpsports.org



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**2024 YOUTH CROSS COUNTRY SERIES
ATHLETE REGISTRATION AND WAIVER FORM**

TEAM NAME: _____

NAME (IF UNATTACHED): _____ AGE (AS OF 9/1/2024): _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ GENDER Male Female

PHONE #: _____

HEAD COACHES NAME: _____

IF REGISTERING AS A TEAM, ONLY ONE WAIVER FORM FILLED OUT BY HEAD COACH IS NECESSARY.

WAIVER OF LIABILITY & PHOTO RELEASE

The undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, STARS and the affiliated coaches/volunteers from any liability or claim that participant may have against STARS with respect to bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of STARS or it's officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands that there are inherent physical risks associated with activities and programs and that, STARS does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize STARS (including its directors, boards, agents, employees, and volunteers) to use my image and/or voice in any media form (including, but not limited to, cable television, videos, internet communications, and publicans). I release STARS from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

PARENT SIGNATURE: _____ DATE _____