

STARS/ATC



ATC YOUTH CROSS COUNTRY SERIES

SCHEDULE OF MEETS

August 24: *ALL STAR DIVISION RACE @ Schneider Park, 380 Mineola Ave, Akron, OH 44320
September 7: Tallmadge Invitational, 140 N Munroe Rd, Tallmadge, OH
September 14: Raider Youth Invitational, Horseshoe Lake Park, 2701 Park Dr, Shaker Heights, OH 44120
September 21: Jackson Invitational @ Jackson Middle School
September 28: St. Peregrine Invitational, Bath Nature Preserve, 4160 Ira Rd, Bath 44333
October 5: 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

Team Registration & Unattached registration

Complete season (\$65 per athlete) or \$13 per athlete for each invite.

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

Division 1 – 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 (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

TIME SCHEDULE:

1:30: DIVISION – ALL STAR
2:00: DIVISION I COED
2:05: DIVISION V COED
2:20: DIVISION IV COED
2:30: *DIVISION III – FEMALE
2:50: *DIVISION III – MALE
3:10: *DIVISION II – FEMALE
3:30: *DIVISION II – MALE

* DEPENDING ON THE NUMBER OF ENTRIES, THESE DIVISIONS WILL BE COMBINED

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



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**2025 YOUTH CROSS COUNTRY SERIES
ATHLETE REGISTRATION AND WAIVER FORM**

TEAM NAME: _____

NAME (IF UNATTACHED): _____ **AGE (AS OF 9/1/2025):** _____

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** _____