

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, 140 N Munroe Rd, Tallmadge, OH

September 21: Jackson Invite @ Jackson Middle School 7355 Mudbrook St NW, Massillon, OH 44646

September 28: St. Peregrine Invitational, Bath Nature Preserve, 4160 Ira Rd, Bath 44333

October 5: STARS/ATC Youth Cross Country Championship

@ Jackson Middle School 7355 Mudbrook St NW, Massillon, OH 44646

* 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.

ALL MEETS WILL BE LOCATED AT OH.MILESPLIT.COM. EACH CLUB AND UNATTACHED ATHLETE MUST REGISTER AT THIS STE IN ORDER TO RECEIVE A BIB NUMBER THAT WILL BE USED THROUGHOUT THE SERIES.

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)

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Division - ALL STAR: Run 1 mile

Odds & Ends

- Coed Team scoring for Division II and III
 Gender specific individual for awards
- 3. A runner can run up a division
- 4. Individual awards for top 25 each race

TIME SCHEDULE:

1:30: DIVISION – ALL STAR
2:00: DIVISION I COED
2:05: DIVISION V COED
2:20: DIVISION IV COED
2:35: DIVISION III COED
3:00: DIVISION III COED

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



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	
PARENT SIGNATURE:	DATE