



## **“Before School Running” Club 2025**

Dear Parents/Guardian and Athletes,

Our Before School Running trainings is commencing on **Friday 14<sup>th</sup> February** with our new family coaches, Jen Fuller, Laura McGeoch, Mike Blling and Shona Rudland.



Thanks to our families who have volunteered to step up and help keep this worthwhile program “running”! The baton continues to get passed by our willing volunteers, which is awesome for our BPS kids!!! Thank you!

We are ready to start our Before School Running and start preparing our runners for our House Cross Country this term. This training is for anyone in grade 1 – 6 who loves to run and are committed to doing their best and respecting the coaches at our sessions. A huge thank you to our wonderful volunteers for putting their hand up to keep this terrific initiative running for our students.

Our BSR program is a *free* program designed to get our kids active before school as well as preparing them for up-coming school events including cross country, athletics and House Sports etc.

The BSR would like to communicate to all families and children who would like to be involved the **Training Code of Conduct**, which is an expectation for all runners who attend.

Our BSR Club training is **not a before school care service** and our volunteers reserve the right to ask a child/family not to come back should they consistently not follow the following code of behaviour.

### **Code of Conduct for BSR**

1. Please respect all volunteers and listen to their instructions.
2. Please respect other runners and their desire to want to train – **“You come, you run”** motto.
3. Please turn up for training **on time** and **not earlier than 8.10am**.
4. **Asthmatics** must bring their asthma medication to training to avoid medical issues.
5. **ANY medical conditions** need to be clearly outlined on the permission form and students must bring relevant medications to training, for example, asthma medication and Epipens.
6. Students **must sign in to every training session** they attend.
7. If a child is observed not participating (including playing on equipment or wandering off) over a series of sessions, the family will be contacted about their child’s future participation.

### **BSR suggests athletes also bring...**

1. A piece of fruit or healthy snack to eat post training before going into class.
2. Your drink bottle.
3. A jumper in the winter months.
4. A change of socks if the weather looks wet.

**Please turn over the page**

## Permission to train form

By signing this *official form*, you as the parent/care giver are giving permission for the volunteers, who have a current *Working with Children's Check*, to care for your child while they are at training from 8.10 – 8.40am.

**Parents/caregivers must sign the letter below and hand it to one of the volunteers on the commencement of your child's first training session.**

## Training schedule 2025

### **\*\*Training day for 2025**

**Friday mornings ONLY** (except for Public Holidays or Curriculum Days) 8.10am – 8.40am.

**\*\*WHATSAPP Group and CANCELLATION OF TRAININGS** – Our coaching volunteers will advise all current members of the BST community via a *Whatsapp* Group when a training session has been cancelled due to the heat or wet weather. **You will need to provide a mobile number for them to invite you to this group.**

### **IMPORTANT**

Please send your child with this form completed on the morning of their first training session and ask your child to hand it to the volunteer coach. Athletes will also need to check in and tick their name off at the start of every training session.

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## **Before School Training Permission Form 2025**

I (parent/guardian full name) \_\_\_\_\_ give permission for my child (name of child) \_\_\_\_\_ to attend BST sessions. By signing this form both my child and myself understand the Before School Training 'Code of Behaviour/Conduct' and understand that my child/children will be supervised by parent volunteers from 8.10am – 8.40am on the designated training days.

Medical conditions of my child \_\_\_\_\_

Medication and action plan needed for this condition.

I would like to opt into the **Before School Training 2025 WhatsApp Group** and give permission for our volunteers to use my mobile number to join the group and be displayed on the group screen.

**Yes/No (please circle).**

Contact Number: \_\_\_\_\_

Signed (parent/guardian signature): \_\_\_\_\_

Email contact (please print clearly): \_\_\_\_\_