

C.T. Douglas Mileage Makers

Come have FUN, get FIT and earn some FEET!

Who: Any students from C.T. Douglas and their parents if they want to join in.

When: Friday Mornings, 8:00 - 8:35 a.m. starting Friday April 26th through June 14th, weather permitting.

Where: West Side of the C.T. Douglas School, find us on the basketball courts.

What: We will be exercising and tracking our mileage on a 0.2 mile measured course around the basketball courts and playground. Students may run, walk, jog, skip, dance or shuffle around the course. Mileage will be tracked and students will be rewarded with cool FOOT TOKENS at certain accumulated distances.

This is *not* a competitive event, it is a *fun* event to get the students warmed up and ready to go, physically and mentally before school. The benefits of exercise are too numerous to mention here, but come and find out first hand.

Who will be running the C. T. Douglas Mileage Club:

- **Jason Fitzgerald**, father of Jason Jr. (6th grade), Grace (4th grade), Helen (2nd grade) and Faith (K). Jason discovered the love and benefits of running as an adult and is anxious to share some time and energy with the students.
- **Megan Kivela**, mother of Chloe (4th grade), Brooke (2nd) and Allie (K) runs for health and fun and is eager to introduce Douglas students to its benefits.

Other parents or staff interested in helping are welcome!

COST: \$10 (Please pay by check only, payable to AB Community Ed)

This program has continuous enrollment so there is no late fee charged if submitted after April 12th.

If we need to cancel due to weather, we will send an email to participants and post to the Douglas Facebook page (<https://www.facebook.com/groups/CTDouglasActonMA/>) by 7:30 AM.

Please fill out the following registration information and return to the Douglas School Office.

Student 1) Name: _____ D.O.B. ____/____/____ Grade: _____ Teacher: _____

Student 2) Name: _____ D.O.B. ____/____/____ Grade: _____ Teacher: _____

Student 3) Name: _____ D.O.B. ____/____/____ Grade: _____ Teacher: _____

Student 4) Name: _____ D.O.B. ____/____/____ Grade: _____ Teacher: _____

Address: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ (will be used only for mileage club communication)

Medical Condition/Notes: _____

Parent/Guardian Name: _____

Please be aware that the Douglas at Dawn/Dusk program does not have a school nurse on duty. It is important that you communicate medical needs to our staff. I give my permission for my child/children named above to participate in the C. T. Douglas Mileage Makers program. I will not hold C. T. Douglas School/Acton-Boxborough Community Education liable for any injury or mishap sustained by my child during this program.

Signature: _____