

# Sweeney

## Run 'n Read

MONDAY, April 13 - May 11

3:50-4:50pm

Meet in the Media Center

WSY-RNR-20-SW

**Calling all 1st - 5th Graders!**

Join us for Run 'n Read! Meet once a week to exercise your body AND mind.

Read and discuss books with your peers, have a healthy snack, then run as you participate in games, drills and skills at your own pace.

All participants receive a "Run 'n Read" shirt, a healthy snack each week and an age-appropriate book.

**NEW THIS YEAR!** All students will receive their very own water bottle!

**Questions? Need financial assistance?**

Contact Chris Younger at 952.496.5027 or [cyounger@shakopee.k12.mn.us](mailto:cyounger@shakopee.k12.mn.us).

Register online or via below form.

**Cost:**

**\$42** Run 'n Read Only

**\$57** Run 'n Read PLUS Celebration of Children 1 Mile Color Run or 5K



### COMMUNITY EDUCATION REGISTRATION

Mail or Drop off: 1200 Town Square in Shakopee, Fax: 952-496-5098 (call to confirm receipt) or Online at

[www.shakopee.k12.mn.us](http://www.shakopee.k12.mn.us) – click on Community Education, Call: 952-496-5029

Participant's Name: \_\_\_\_\_ \*Email: \_\_\_\_\_

*\*By sharing your email, you will be sent a confirmation email and may be contacted regarding upcoming classes, events & specials.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Youth Class Info

Birth Date: \_\_\_\_\_ M/F Parent's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_ Student Grade: \_\_\_\_\_

T-Shirt Size (please circle appropriate size): YS YM YL YXL AS AM AL AXL

| Class Name | Class Code | Start Date | Fee |
|------------|------------|------------|-----|
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If registering for the Celebration of Children run, please indicate either the (circle one): **1 Mile Color Run** or the **5K** race

*Liability: I hereby release, absolve, and hold harmless Shakopee Community Education and School District #720, its officers, employees and agents from any damage resulting from an injury incurred by me or my child while participating in the above-mentioned programs. I understand Shakopee Community Education and School District #720 assume no responsibility before, during or after the program. By signing this form, I am allowing photos or videotapes of my child and/or myself to be displayed publicly in school district publications or communications.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visa Mastercard Discover/Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

(circle one)