



INSPIRE HOMESCHOOL ACADEMY

CROSS COUNTRY

Middle School – JV - Varsity Cross Country

Ages 11 through 18 (rising 6-12th grade)

No experience is necessary

Coach Jim Bellon – experienced track/cross country coach

jimbellon.inspirehsa@gmail.com

Summer Conditioning is a great opportunity to meet the coach, ask questions, learn about the season, and find out what Cross Country is all about.

TRY-OUTS: There are no try-outs. All students who register will make the team. No experience is necessary.

SUMMER CONDITIONING:

- July 7th through August 8th
- Tuesday evenings from 6 pm to 7:15 pm and Saturday mornings 8 am to 9:15 am
- Held at Taylor Farm Park - 1380 Pine Valley Road Powder Springs, GA 30127 (just minutes from the school)
- No fee for summer conditioning

CROSS COUNTRY PRACTICES HELD:

- August 11th through October 31st
- Tuesday and Thursday evenings, 5:30 pm to 6:45 pm and Saturday mornings 8:00 am to 9:15 am
- Held at Taylor Farm Park - 1380 Pine Valley Road Powder Springs, GA 30127 (just minutes from the school)
- Cost: \$175 per year plus individual race fees

MEET SCHEDULE: Our meet schedule will be announced once team rosters are set. The races we attend each season depend on the ages and experience levels of our runners, as well as the types of events available, including both cross-country meets and 5K races. Athletes are not required to attend every race and may participate in the events that work best for their schedules. Individual race entry fees are the responsibility of each family and will vary depending on the event.





Inspire Homeschool Academy

Fall Cross Country Registration Basics

2026-2027

HOW TO REGISTER

Fill out your paperwork and scan and email your forms and any needed documents and EMAIL to inspirehsa@gmail.com SUBJECT LINE – “cross-country”

Please use an actual printer scanner if at all possible. (Photograph/cell photo scans as these do not always print clearly.) All paperwork must be submitted in electronic form. Coaches cannot accept form/payments. Once your paperwork is approved and accepted, we will send you a secure link via Square to pay fees by credit card or bank draft.

CROSS COUNTRY REGISTRATION BASICS

- **SUMMER CONDITIONING:** July 7th through August 8th
- Tuesday evenings from 6 pm to 7:15 pm and Saturday mornings 8 am to 9:15 am
- Held at Taylor Farm Park - 1380 Pine Valley Road Powder Springs, GA 30127 (just minutes from the school)
- No fee for summer conditioning

- **FALL PRACTICES ARE HELD AT** Taylor Farm Park - 1380 Pine Valley Road Powder Springs, GA 30127
- August 11th through October 31st
- Tuesday and Thursday evenings, 5:30 pm to 6:45 pm and Saturday mornings 8:00 am to 9:15 am
- All practices are subject to occasional change/adjustment)

- There are no tryouts. All who sign up for the team will be on the team.
- Team may be divided by experience/skill level with enough runners.
- Cost is \$175 per year
- **Your team placement is not confirmed until registration forms are received, and fees have been paid in full.**
- **Payment must be made in full on or before July 27th.**
- Cost covers jersey which the athlete gets to keep.
- All players must provide their own SOLID navy blue shorts, athletic shoes, and water bottle.
- All players must have and provide a copy of a CURRENT medical exam/release from the doctor (less than 9 months old).
- Once an athlete registers, they are signed up for the season. A partial refund will be provided for athletes who withdraw from team on, or before, practice ends on August 11th. One hundred dollars (\$100) will be retained from the registration fee. The partial refund is necessary in recognition that the team acquires uniforms, equipment and supplies based upon total number of registrants as well as the costs associated with insurance premiums and administrative fees. No refunds will be provided for those who withdraw from the team after practice ends on TUESDAY, AUG 11, 2026.

PARENT VOLUNTEERS

Parents of ALL athletes will be **required** to volunteer during the sports season at practices, home and away games. This will include but not limited to set up and clean up on practices and games, working at games, scorekeeping, etc.

Significant planning takes place to ensure that the parents of each participant are scheduled to work. The team manager will assist in scheduling volunteers. When you are asked to work, please do so cheerfully and take the opportunity to meet other members of the Inspire family!

ADMISSION FEES

Parents are put on notice there may be an admission fee to sports events. All parents, siblings and guests should expect that they will be required to pay the fee to get in and watch their child.



INSPIRE HOMESCHOOL ACADEMY

2026 MS, JV & VARSITY PARTICIPANT INFORMATION FORM

Student's Name: _____

Name student prefers to be called by (if any): _____ Sex: Female

Street Address: _____ City: _____ Zip: _____

Home Phone: _____

Student's Date of Birth: _____ Student's 2025-2026 Grade: _____

Parents Names: _____

Mom Cell: _____ Dad Cell: _____

Parent's E-mail address that is checked regularly: _____

Student's Email address that is checked regularly: _____

Does your child currently attend Inspire Homeschool Academy? Yes ___ No ___
Do you plan on attending/applying to Inspire for fall of current school year? ___ Yes ___ No

Are there any medical, mental, emotional, social, or academic issues of which we should be aware? If so, please list.

Allergies: _____

Does your child require the use of an Epi-Pen? _____ If so, Anaphylaxis Action Plan MUST be filled out and kept on file.

Emergency Contact (other than parent) Name: _____ Number: _____

Relationship to child/parent: _____

Does your child have any experience in cross country? If so, please tell us about it. (note: experience is not necessary) _____

Uniforms - Please take a tape measure and give us the following measurements so we can order the correct size uniform:					
WAIST (inches)		HIPS (Inches)		CHEST (inches)	

Please check that I have included all of these documents:

- Measured my child for their uniform jersey (above)
- Filled out this Participant Information Form
- Filled out and signed the Release of Liability for Minor Participants in Sports Form
- Scanned copy of Birth Certificate * _____ Check if on file already (**not needed if already on file with Inspire**)
- Scanned copy of your most recent Letter of Intent/DOI* (**Only needed if you do not attend/enrolled at Inspire**)
- *Sport Exam and Medical Release – **Due/Emailed by FIRST PRACTICE.** ("minute-clinic" sports physicals accepted) Must be less than 9 month old. Students will not be allowed to participate without it.

REFERRAL: I have been referred by: _____



INSPIRE HOMESCHOOL ACADEMY RELEASE OF LIABILITY FOR MINOR PARTICIPANTS IN SPORTS

READ BEFORE SIGNING

IN CONSIDERATION OF (minor child's name) _____, my child/ward, being allowed to participate in any way in the (sport) _____ related events and activities with Inspire Homeschool Academy, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for illness including Covid-19, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Inspire Homeschool Academy; its owners, directors, officers, officials, agents, employees, contractors, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.
- In case of a medical emergency, I hereby give permission to Inspire Homeschool Academy Staff, Coaches, Trainers and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Inspire Homeschool Academy Staff and Volunteers to disclose the information contained on his/her forms to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Inspire Homeschool Academy also does not provide any medical or other insurance protection or benefits for those who participate in their sports program.
- Insurance Waiver - **I understand that my child must be covered by medical and/or accident insurance in order to participate in sports** and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student in the Inspire Homeschool Academy sports program during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year. **If I am self-pay due to lack of insurance, I will be personally responsible for any and all medical costs arising from participation in sports program.**

Name of Insurance Company or Self Pay _____

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (DATE SIGNED)

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(STUDENT PARTICIPANT SIGNATURE) (PRINT NAME) (DATE SIGNED)