

≡ CROSS COUNTRY SUMMER CAMP ≡
DXC 2013



PART I: MON | TUES | WED JUNE 3rd, 4th, 5^h

PART II: MON | TUES | WED JUNE 10th, 11th, 12th

6:30 pm – 9pm each day

LOCATION / ACTIVITY:

We are trying something new this year, splitting camp into two *half-weeks* instead of one long week! Camp will meet at the parking lot of the MIDDLE SCHOOL. Primarily we will run Lake View park, Green Estates Park, MMS campus, and some of the surrounding neighborhood streets. There will be a fair amount of running, but also fitness games and team-bonding activities. We will also use some indoor time at the end of each evening for a mini-seminar on some topic of training and running. New runners will be introduced to the team, learn our basic set of stretches, warmups, and some running techniques. Experienced runners will have a chance to get in extended running and get together for summer running.

ELGIBILITY:

Students of MHS who will be in the 9th– 12th grade during the 2013– 2014 school year may participate. Camp will cover fundamentals of proper stretching and warm up techniques, basic running and racing strategy, and introduce some of the types pf workouts used during regular season. Runners will participate in training at their appropriate level.

ALL NEW AND VETERAN RUNNERS ARE STRONGLY ENCOURAGED TO ATTEND!

CONTACTS:

Coach John Wilbers

jwilbers@mexico.k12.mo.us

721 5646

Coach Lucas Breneman

lbreneman@mexico.k12.mo.us

721 0721



----- cut-along-this-line -----

REGISTRATION:

Send cut-off portion of form and \$25 cash/check payable to:

Coach Wilbers

829 N. Kentucky

Mexico, MO 65265

It is preferred students pay in advance, but one may pay "at the door" if needed. Fee includes refreshments each day, T-shirt, handouts, as well as a cookout on the last evening.

No child should miss out due to financial burden- if you need special consideration please do not hesitate to contact one of the coaches.

COMPLETE ON THE REVERSE SIDE —————>

----- cut-along-this-line -----

CROSS COUNTRY SUMMER CAMP 2013 Please print everything!

ATHLETE NAME: _____ **Grade Level (for 2011-2012)** _____

PARENT(S)/GUARDIAN NAME _____

PARENT HOME PHONE _____

PARENT CELL PHONE _____

ATHLETE CELL PHONE _____

ALTERNATE EMERGENCY CONTACT / PHONE

T-SHIRT SIZE :

*size not guaranteed, we
will do our best to get
your size!*

ANY KNOWN MEDICAL or OTHER CONDITIONS EFFECTING TRAINING SAFETY

INSURANCE WAIVER: I _____ (parents name) give consent for my son/daughter to participate in this camp and hereby accept full medical and legal responsibility in the event of an accident or injury to _____ (runners name). My child has proper medical insurance if the event of an injury should happen.

Parent(S)/Guardian Signature _____ Date _____