



Creekside/Northwood



Cross-Country Running Camp 2017

Dates and Times: Tuesday 7/18, Wednesday 7/19, Thursday 7/20
Tuesday 7/25, Wednesday 7/26, Thursday 7/27
All dates from 8am-9am

Where: Emricson park (parking lot between tennis courts and baseball/softball fields)

Cost: \$30 camp fee (t-shirt included)

Due: registration/waiver form and money turned into CMS/NWMS by Friday 6/23 or bring it to the first day of camp

For: All incoming 6th/7th/8th grade girls or boys interested in running

Either mail/bring to Todd Clement or Megan Coleman
@ Creekside MS (3201 Hercules Rd., 60098)

or mail/bring it to Megan Coleman
@ Northwood MS (2121 N. Seminary, 60098)

Student Name _____

Home Address _____

City _____

Zip Code _____

Email _____

Phone _____

Parent/Guardian name(s) _____

2017-2018 grade _____

T-shirt size: S ___ M ___ L ___ XL ___ (all adult sizes)

Middle School attending: _____

Waiver of Liability and Acknowledgement of Warning Athletic/Recreational Activities Agreement Consent Form
I, the undersigned parent or guardian of _____ acknowledge that the Woodstock Community District 200 does not provide school accident insurance for students participating in activities. I understand that I must obtain insurance for accidental injury to my child/ward. Further, I hereby acknowledge that I have been properly advised, cautioned, and warned by the proper administrative, teaching, and coaching personnel of District 200 that by participating in sports/activities I hereby release, indemnify, and hold harmless Woodstock Community Unity School District 200, its Board members, agents, employees, and officers from any and all claims for personal injury and property damage which my child/ward may incur by such participation in sports/activities. I do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coach personnel of the Woodstock Community Unit School District 200 that my child/ward named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death by participating in sports/activities. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury which may result to my child/ward name above, I give my consent for _____ to participate in sports, activities. I also understand that my son/daughter will be expected to obey the rules and regulations set forth by the Athletic Policy Handbook, the Illinois High School Association, and as explained by the athletic/advisor on the first day of practice.

_____ Parent/Guardian Signature

_____ Student-Athlete Signature