

ARAPAHOE CROSS COUNTRY - SUMMER RUNNING



Head Boys Coach – Chuck Lutz

Head Girls Coach – Jeff Krause

SUMMER RUNNING CLUB TIMES & DATES

June 4 – July 26, 2018

Mon, Tues, Thurs from 7:00 am – 8:15am

Meet at AHS West Parking Lot

Wednesday from 7:00am – 8:15am

Meet off campus: locations TBA

COST

Running Program Only - \$100 (write check to “AHS Cross Country”)

Running and Strength - \$170 (write one check to "AHS Cross Country" for \$100 and a second check to “Warrior Power Club” for \$70)

OTHER

- Expect hot & sunny weather! Bring water, wear sunblock, & dress appropriately.
- We encourage you to carpool to the off campus Wednesday locations.
- Even if you will be vacationing and can't attend every day, you are still welcome to join Summer Club. It will be a great way to stay in shape this summer, train for the upcoming season, & get to know your teammates.

Starting in late spring, please refer to the Cross Country webpage at www.ahswarriors.org/sport/cross-country for more information about the 2018 Cross Country season. Even if you are not participating in the summer running program, we expect you to begin in August with a good weekly mileage base. Please note that the first official day of fall season practice will be **Monday, August 13th**. To practice you must have a pink card from the Athletic Office showing that you have turned in your physical and fall registration information.

Please feel free to email the following coaches as contacts for summer running with further questions. We are looking forward to an excellent upcoming season!

~ Coach Hatak (bhatak@lps.k12.co.us) and Coach Krause (jkrause@lps.k12.co.us)

SUMMER RUNNING

Registration Instructions

To Register for Summer Running Club:

- 1) Complete the “Running Club Athlete Information & Release Form”
- 2) Bring the completed Information & Release Form and a check made payable to “AHS Cross Country” in the amount of \$100 to the first day of summer running club.

Strength Conditioning Information

This program is designed for all Arapahoe student athletes (including incoming freshman) who want to use the off-season to get stronger and faster with an emphasis placed on lifting to improve running technique and strength.

STRENGTH TRAINING TIMES & DATES

- Tuesdays and Thursdays
- 9:00 – 10:00 am
- Start date: Tuesday, June 5th
- No lifting the week of July 2nd
- End date: Thursday, July 26th
- Camp dates subject to change

Arapahoe High School Weight Room

COST

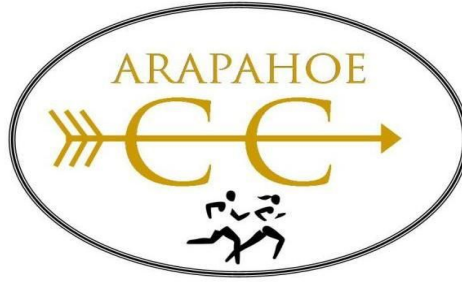
\$70.00 payable to “Warrior Power Club”

Please fill out the information on attached form, attach check and give to Coach Vincent Serniak at Arapahoe High School.

Vincent Serniak
vserniak@lps.k12.co.us
303-734-6605

Arapahoe High School
2201 E. Dry Creek Road
Centennial, CO 80122

SUMMER RUNNING CLUB ATHLETE INFORMATION & RELEASE FORM



Athlete Name: _____

Gender: M F Grade Fall 2018: 9 10 11 12

Shirt size: XS S M L XL

Address: _____

Parent/Guardian Names: _____

Parent/Guardian email : _____ Your email: _____

Parent/Guardian cell phone number: _____ Your cell phone number: _____

Emergency contact (sibling, neighbor, etc...) name & phone: _____

Allergies to Medication: _____

Required Medication (must be self-administered): _____

Additional Medical Concerns (asthma, heart murmurs, etc...) _____

Medical Treatment Authorization

I _____, do hereby appoint and authorize the Arapahoe Summer Running Club and its designated representative as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by Attorney-in-Fact for the health and well-being of my son/daughter,

_____ who is attending the Arapahoe Summer Running Club. I hereby release and exonerate and discharge the Arapahoe Summer Running Club, Arapahoe High School and its representatives from any or all actions or causes of actions, known and unknown, from any injuries incurred in the Club or on the way to or from the Club. This power shall terminate on Monday August 13, 2018. PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC TO EVEN DEATH. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES AND INSPECT EQUIPMENT DAILY. The Arapahoe Summer Running Club does not screen applicants for illness, injury, allergies or other medical conditions which would prevent or limit the participation in the athletics. By signing this Permission Form, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical condition which would prevent or limit the participation of this applicant in athletics. I, on my own behalf of this applicant, hereby release the Arapahoe Summer Running Club, Arapahoe High School and its representatives from any financial responsibilities or liability arising from injury to this applicant in connection with his or her participation in the summer camp, including injury resulting from negligence (of any kind) of its representatives of the Arapahoe Summer Running Club.

Signed this _____ day of _____, 2018

Parent or Legal Guardian Signature _____

Address _____ City _____ State _____ Zip _____

SUMMER STRENGTH TRAINING INFORMATION & RELEASE FORM



Athlete's Name: _____
Grade for the 2018-19 school year : 9th – 10th – 11th- 12th sport training for: Cross Country
Address: _____
City/State/Zip: _____
Home Phone #: _____ Male or Female (circle one)
Parent/Guardian's Name _____
Health Insurance Company _____ Policy # _____
Non-Parent Emergency Notification
Name/Relationship _____ Telephone # _____
Allergies to Medication _____
Required Medication (must be self-administered) _____
Additional medical problems/information (Asthma, heart murmurs, rheumatic fever, etc.) _____

Medical Treatment Authorization

I _____, do hereby appoint and authorize the Arapahoe Summer Weights and its designated representative as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by Attorney-in-Fact for the health and well-being of my son/daughter, _____ who is attending the Arapahoe Weight Training Camp. I hereby release and exonerate and discharge the Arapahoe Summer weights, Arapahoe High School and its representatives from any or all actions or causes of actions, known and unknown, from any injuries incurred in camp or on the way to or from camp. This power shall terminate on _____ (three days following the close of camp is recommended). PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC TO EVEN DEATH. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES AND INSPECT EQUIPMENT DAILY. The Arapahoe Summer Weights does not screen applicants for illness, injury, allergies or other medical conditions which would prevent or limit the participation in the athletics. By signing this Permission Form, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical condition which would prevent or limit the participation of this applicant in athletics. I, on my own behalf of this applicant, hereby release the Arapahoe Summer Weights, Arapahoe High School and its representatives from any financial responsibilities or liability arising from injury to this applicant in connection with his or her participation in the summer camp, including injury resulting from negligence (of any kind) of its representatives of the Arapahoe Summer Weights Camp.

Signed this _____ day of _____, 20 _____

Parent or Legal Guardian _____

Address _____ City _____ State _____ Zip _____