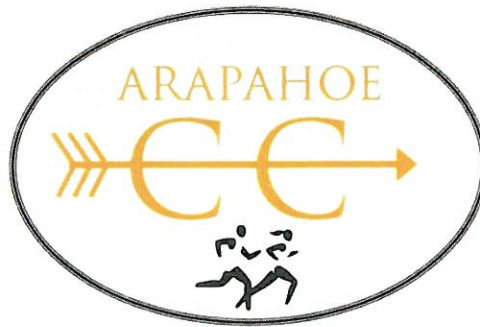


ARAPAHOE CROSS COUNTRY

MIDDLE SCHOOL

SUMMER RUNNING CLUB



Head Boys Coach – Chuck Lutz

Head Girls Coach – Jeff Krause

Middle School Summer Runners will be placed in small groups with others of similar ability, with groups divided towards novice/ younger runners and veteran competitors respectively. Even if you have never run before, we welcome you to join us! Campers will run on routes around Centennial/Littleton roads and trails with current AHS coaches and Varsity athletes. Each week we will emphasize a specific element of running training: form, breathing, hills, speed, hydration, nutrition, and stretching.

Summer Running Club Times and Dates

Running: June 6- June 29
Tuesdays and Thursdays
8 sessions; 7:30-8:45 am
*meet in west parking lot

Cost:

Running Program: \$150.00
Make checks payable to:
“AHS Cross Country”

Registration due by May 12th

OTHER

- Expect hot & sunny weather! Bring water, wear sunblock, & dress appropriately.
- Make sure to NOT eat a heavy breakfast before running.
- Each camper will receive a technical running t-shirt.
- Even if you will be vacationing and can't attend every day, you are still welcome to join the AHS Middle School Summer Running Club. It will be a great way to stay in shape this summer, train, & get to know others.

We are looking forward to helping you become a better runner!

For any questions, please email the Middle School Summer Running
Camp Coordinator, Coach Smith, at:

asmith@lps.k12.co.us

MIDDLE SCHOOL SUMMER RUNNING

Registration Instructions

To Register for Summer Running Only:

- 1) Complete the "Running Club Athlete Information & Release Form" and detach it from the other pages.
- 2) Mail in the completed Information & Release Form and a check made payable to "**AHS Cross Country**" in the amount of \$150 by **Friday, May 12, 2017**.

Arapahoe High School

Attn.: Anne Smith

2201 East Dry Creek Road

Littleton, CO 80122

MIDDLE SCHOOL SUMMER RUNNING CLUB ATHLETE INFORMATION & RELEASE FORM

Athlete Name: _____ Gender: M F Grade Fall 2017: 6 7 8

Shirt size: YL YXL WXS WS WM WL WXL MS MM ML MXL

Address: _____

Parent/Guardian Names: _____

Parent/Guardian email: _____ Your email: _____

Parent/Guardian cell: _____ Your cell: _____

What type of runner are you? Beginner Recreational Competitive

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 Thursday, July 7, 2017.

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 _____, 20 _____

Parent or Legal Guardian Signature _____

Address _____ City _____

State _____ Zip _____