

# ARAPAHOE CROSS COUNTRY - SUMMER RUNNING



Boys Coach – Brian Hatak

Girls Coach – Jeff Krause

## SUMMER RUNNING CLUB TIMES & DATES

June 10 – July 25, 2019

Mon, Tues, Thurs from 7:00am – 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 for \$70, Payee to be determined, will be due the first day of weights)

## 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](http://www.ahswarriors.org/sport/cross-country) for more information about the 2019 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 12<sup>th</sup>**. To practice, you must have clearance from the Athletic Office showing that you have turned in your physical and fall registration information (both done online).

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](mailto:bhatak@lps.k12.co.us) ) and Coach Krause ( [jkrause@lps.k12.co.us](mailto: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: Monday, June 10<sup>th</sup>
- No lifting the week of July 2<sup>nd</sup>
- End date: Thursday, July 25<sup>th</sup>
- Camp dates subject to change

Arapahoe High School Weight Room

### COST

\$70.00 payee to be determined - Bring check to first day of weights

# SUMMER RUNNING CLUB ATHLETE INFORMATION & RELEASE FORM



Athlete Name: \_\_\_\_\_ Gender: M F Grade Fall 2019: 9 10 11 12

Shirt size: Mens ( S M L XL ) Womens ( 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 12, 2019. 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 \_\_\_\_\_, 2019

Parent or Legal Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_