| Image result for inspirational running quotes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Molly Ellis  130 Bennington Ct.  Georgetown, OH 45121 | 2022  Vern Hawkins Youth Summer Running Camp  **June 20th – June 24th**  **6:00PM – 8:00PM**  **Georgetown High School Track**  ***Open to boys and girls entering 4th through 7th grades*** |
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| Campers will learn about:  * Proper running form * Stretching * Nutrition * Basic training fundamentals   Training provided by the Georgetown Cross Country staff and special guest speakers.  ***For more information***  ***go to*** Gtowncc.com | Cost of Camp **Camp fees will be $40 per camper.**  **Please enroll by May 20th to guarantee correct T-shirt size.**  ***Checks payable to Georgetown Athletic Boosters.***  Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Incoming Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_  Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact Phone #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Health Problems  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please Circle T-shirt Size Youth S M L XL  Adult XS S M L XL  2XL Other \_\_\_\_\_\_ Wavier of Claims I, as a parent or guardian, hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the “Vern Hawkins Youth Summer Running Camp” and acknowledge the fact that he/she is physically able to participate in all camp activities. I hereby authorize Camp Staff to act according to their best judgement in any emergency requiring medical attention and I waive and release Camp Staff and Georgetown Exempted Village Schools from any and all liability for injuries or illness incurred while he/she is at camp. I hereby state that the camp is not responsible for the recurrence of any pre-existing injury or illness. I indemnify and hold harmless the Camp Staff from any claims for personal injury or illness he/she may sustain during camp. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to illness or injury. I hereby waive any claim I might have against the Camp Staff or Georgetown Exempted Village Schools and/or individuals of the Camp Staff or Georgetown Exempted Village Schools. Parent /Guardian Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Camper Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ |  |  |  |
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