

CAMP APPLICATION

Camper's Name: _____

Parents'/Guardians'

Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Grade (2018-19): _____

Shirt Size (circle one):

XS S M L XL

_____ \$50 Registration fee prior to June 15.

_____ \$60 Registration fee after June 15

_____ Total Payment (fee includes 3k/5k
Registration)

Pre-registration with payment is due by:
May 18, 2018.

Please make checks payable to:
Delone Catholic High School Athletic Association

All proceeds will benefit
Delone Catholic High School Athletic Programs.

Please mail completed application and payment to:
Delone Catholic High School
ATTN: Cross Country Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletic Department
717-637-5969

SQUIRE



STRONG

DELONE CATHOLIC HIGH SCHOOL
ATTN: Cross Country Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletic Department
717-637-5969



2018 SQUIRE SPORTS CAMPS

For Boys and Girls
Entering
Grades 6-9

Wed., June 27
4:30 - 6 p.m at DCHS

Thurs., June 28
4:30 - 6 p.m. at DCHS

Fri., June 29
4:30-6 p.m. at Codorus
Marina

Sat., June 30
3k/5k Registration
8-9:45 a.m.
3k/5k starts at 10 a.m.

CROSS COUNTRY

CROSS COUNTRY SKILLS CAMP

- Understanding core running skills
- Injury prevention
- Breathing patterns
- Nutrition and hydration information for athletes
- Specific race day preparation
- Discussion of race strategy
- How to recover from difficult workouts
- Approaches to running hills

COACHING STAFF

Head Coach
R.C. Zinn

Assistant Coach
West Brininger

Assistant Coach
Shawn Coleman

Assistant Coach
Rex Walter

Assistant Coach
Ashley Zinn

Additional staffing provided by the Delone Catholic cross country team.

COST

(includes 3k/5k registration and T-shirt)

\$50 per camper (prior to June 15)

\$60 per camper (after June 15)

EQUIPMENT

Shirts, shorts, and sneakers should be worn each day. Campers should bring a water bottle.

MEDICAL WAIVER

I, the undersigned, hereby expressly and affirmatively state that I wish for my child,

_____ to participate in the Squire Sports Camp. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Parent/Guardian Signature: _____

Date: _____

Insurance Company Name: _____

Policy #: _____