

PXC08 Summer Camp

Name _____ Grade in 08/09 _____

Shirt Size _____

Address _____

Email _____

Phone # _____ Emergency Phone # _____

Parent Name _____

Parent Statement: I hereby authorize the director and/or staff of the PXC Summer Camp to act according to their best judgment in any emergency situation. I feel there is no reason, physically, that my child should not participate in the activities of the camp. I have notified camp staff of any restrictions or concerns that my child has with regard to health.

Parent/Guardian Signature _____

Checks to: PXC Summer Camp
Return to Bill Schwarz at High School Office
401 76th Ave SW
Cedar Rapids IA, 52404

Objective: Preparation for the 2008 season. Camp will include workouts and team building activities.

Cost: Will depend on how much you are able to participate in. Use the following worksheet:

___	\$5 lunch first day – August 4
___	\$4 per day – gatorade, etc.
___	\$15 shirt
___	\$40 camping trip
___	\$100 total

Dates: August 4-15. 9:00-3:00. For the camping trip we will depart at 8:00 and return at 7:00 the next evening (likely dates for this are Aug 12-13). 8/15 6:30-7:30 and 4:00-6:00.

Eligible Campers: All student athletes who will participate in Cross Country during the 2008 season.

Equipment: Be ready to workout – clothing, and good shoes. Cross training will include paved trail bike riding. A good bike that is ready to go 25+ miles and a helmet are necessary.

Questions: Contact Bill Schwarz at wschwarz@prairiepride.org or cell phone # 400-0443

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