

LNXC Wildcat Camp 2019



Get your summer started the right way. Come join Coach Morgan and the LN coaching staff to learn the ropes of what cross country has to offer!

Wildcat XC Camp will be held June 3-5 at Lawrence North High School. Wildcat XC Camp will be led by Coach Morgan and staff at Lawrence North High School. We will meet at the start line of the Lawrence North High School track at 8:00 am. Parent pick-up will be at 9:30 am. The Camp is targeted for athletes of both genders ranging in age from students **entering 5th Grade to 9th Grade**. The cost is \$30 which covers a camp t-shirt, post-run snacks and other camp materials.

Quick Info:

Leaders: Coach Morgan and staff, assisted by current members of the LNXC team

Who is it for: 5th-9th graders (No previous running experience required)

Dates: June 3 - 5 (Monday – Wednesday)

Time: 8:00-9:30 AM

Location: LN Track

Cost: \$30 Cash or Check (payable to LN Athletics)

Please return registration form to:
Wildcat XC Camp
Lawrence North Athletic Office
7802 Hague Road, Indianapolis, IN 46256

For more information, contact Head Coach Ben Morgan at benmorgan@msdlt.k12.in.us



Lawrence North Wildcat Cross Country Camp Camper Registration Form

Name: _____

T-Shirt Size: (Circle) Youth L Adult S M L XL

Age: ____ Parent Guardian Phone: _____

Address: _____

Zip Code: _____ Email: _____

Parent/Guardian Name: _____

Work Contact: __ _____

Grade Next Year: ____ School Attending (Fall 2019): _____

Waiver and Release: I do hereby waive, release, and discharge Head Coach Ben Morgan, Lawrence North High School and respective staffs and employees from any and all rights and claims for damages resulting from injuries to my person or property which may be sustained or suffered by me in connection with my association with, or participation in, or arising out of my traveling to or from the Wildcat XC Camp. We, the parents or guardians, agree to the above waiver and release.

Parent/Guardian Signature:

X _____

Emergency Contact Information:

Name _____

Phone _____

Doctor's Name _____

Phone _____