



CROSS COUNTRY RUNNING CAMP



JULY 23-27 (MONDAY-FRIDAY)

This is the first camp ever in Whatcom County introducing distance running to our community! This camp will introduce *new and experienced runners* to key drills and proper running technique. Athletes will also learn about the importance of nutrition and how to improve their core strength. Basic running workouts will be shared and tried, with the goal of each runner being challenged at their individual fitness level. This camp will meet the needs of *elite and beginning runners* for a packed week of instruction. Camp leaders, Kevin Ryan and Mark Kerr, have coached beginning and elite runners for more than 15 years, including 2 Washington State High School Cross Country Championship teams in the past 2 years (boys in 2006, girls in 2007). Don't miss out on this unique opportunity!

AGES: Boys & Girls entering grades 6-12 in Fall 2007

TIME: 8:30 am to 1 pm daily

LOCATION: Sehome High School Track Field

TO REGISTER: Bring registration form & \$95 fee to Bellingham Parks & Recreation, 3424 Meridian St, Bellingham, WA 98225

QUESTIONS? Call Bellingham Parks & Recreation at (360) 676-6985

\$95
(INCLUDES
T-SHIRT)



Registration Form (please print)

Program #17340

CROSS COUNTRY RUNNING CAMP

Participant Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Birthdate _____ Grade ('07-'08) _____ School ('07-'08) _____

E-mail Address (please print clearly) _____ Shirt size _____ (Youth M, L, XL or Adult S, M, L, XL)

To be eligible for a **full** refund, credit or transfer, an individual **must** notify the Parks & Recreation Department of withdrawal before the program begins. Allowable refunds after the first day of the program will be pro-rated. To receive a full or pro-rated refund, a written request must be submitted within ten (10) days following notification of withdrawal.

All participants must sign the following release. Parents or guardians must sign for minors. I/We, realizing no insurance coverage is provided for the participants, will assume financial responsibility for any cost relating to an accident or injury that might occur while participating in above-named program. Furthermore, I will not hold the City of Bellingham, employees, volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____