

# Nerinx Hall Incoming Freshman And Returning Runner's Cross Country Camp 2010

**Date:** July 26th – 29th, 2010  
**Time:** 8:30 a.m. - 10:30 a.m.  
**Location:** Nerinx Hall Athletic Field

**Cross Country coaches will be directing this camp. Any incoming freshmen interested in going out for Cross Country will find this running camp beneficial for becoming prepared for high school cross country**

**Camp Fee:** none

**Send form:** Nancy Milward - Athletic Director  
Nerinx Hall High School  
530 E. Lockwood  
St. Louis MO 63119  
Phone: (314) 968-9461

\*\*\*\*\*

**Incoming Freshmen Cross Country Camp 2010- Please return this form with payment**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Parent's Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Parent's Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Parent's Pager:** (\_\_\_\_\_) \_\_\_\_\_

**T-Shirt Size:** Small \_\_\_\_\_ Med \_\_\_\_\_ Large: \_\_\_\_\_ XL \_\_\_\_\_

**Medical Release:**

I hereby authorize the director of the Nerinx Hall Incoming Freshmen Camp to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his or her attendance at camp. I agree to abide by the rules and regulations of this camp.

**Parent or Guardian Signature:** \_\_\_\_\_

**Camper is covered by (Insurance Company and Policy number:** \_\_\_\_\_

**Please return by May 21<sup>st</sup> 2010. Camp fees are non-refundable after June 1, 2010** If you have any questions call Nancy Milward Athletic Director at Nerinx Hall (314) 968-9461 or email: nmilward@nerinxhs.org

