

North Cypress Running Club Cross Country Preparation Camp June 17 - August 9, 2019 (No workouts July 1 - July 5)

CAMP MEDICAL FORM

Please return complete form with application and Fee.

Please print or type. All information is requested to assist us in identifying appropriate care for participants and is confidential.

Name: _____ Birth date: _____ Gender: Male ___ Female ___

Social Security Number (optional) _____ Grade in school in 2019-20 ___ Age _____

Parent or guardian _____

Home address _____ Phone Number _____

Emergency contact: _____ Phone Number: _____

Health History

Check all that apply.

- ___ Frequent ear infections
- ___ Heart defect / Disease
- ___ Convulsions
- ___ Diabetes
- ___ Bleeding/Clotting disorder
- ___ Hypertension
- ___ Mononucleosis

Diseases

- ___ Chicken Pox
- ___ Measles
- ___ German Measles
- ___ Mumps

Allergies

- ___ Hay Fever
- ___ Ivy Poisoning, etc.
- ___ Insect Stings
- ___ Penicillin
- ___ Other Drugs
- ___ Asthma
- ___ Other (specify) _____

Date of last tetanus Shot

Name of Family Doctor _____ Phone _____

Name of Family Dentist _____ Phone _____

Do you carry family medical or hospital insurance? No ___ Yes ___

Carrier _____ Policy/Group No. _____

Is participant currently taking any medications? No ___ Yes ___

(If yes, list all on back.)

Operations or series injuries (dates) _____

Chronic or recurring illness or medical condition _____

Activities encouraged or limited by physician _____

Dietary restrictions _____

Additional health information _____

For Female

Has this person menstruated? No ___ Yes ___

If not, has she been told about it? No ___ Yes ___

If so, is her menstrual history normal? No ___ Yes ___

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of camper _____ Date _____

North Cypress Running Club
2019 Summer Cross Country Preparation Program

Data Collection Page

Participant's Name _____

Address:

City: _____ Zip Code: _____

Home Phone: _____

School you will be attending for 2019/2020

Grade (Fall 2019) 5th 6th 7th 8th 9th 10th 11th 12th

Telephone (Home): _____

Athlete's Cell number: _____

Preferred Emergency Contact:

Work (Father): _____

Cell Phone (Father): _____

Work (Mother): _____

Cell Phone (Mother): _____

Parent's/Guardian's Name (please Print):

Parent E-Mail:

Athlete's E-Mail:

**North Cypress Running Club
2019 Summer Cross Country Preparation Program
Application**

Participant's Name _____

Address _____

City _____ Zip Code _____ Phone _____

School you will be attending for 2019/2020 _____

Grade (Fall 2019) 5th 6th 7th 8th 9th 10th 11th 12th

Telephone (Home): _____

Preferred Emergency Contact: _____

Work (Father): _____ Cell Phone (Father): _____

Work (Mother): _____ Cell Phone (Mother): _____

Parent's/Guardian's Name (please Print): _____

E-Mail: _____

REMEMBER

- Payments of \$125.00 must be made before May 10th, 2019**
- After May 10th, 2019 the registration fee will be \$150.00**
- All Registrations will be done on www.runsignup.com (keyword search North Cypress Running Club)**
- Each training session will last approximately 90 minutes**
- Must have a Physical form to participate, bring copy!!!**

I hereby grant my permission for my child to attend the North Cypress Running Club Cross Country Summer Training Program. I certify that they are physically fit for all program activities, and in case of injury, illness, or accident she may be treated by a licensed physician. I release North Cypress Running Club, all staff, and employees associated herewith from any liability and financial responsibility for personal injury arising during applicant's participation in the training program.

Parent Signature: _____ Date: _____

**ALL REGISTRATIONS WILL TAKE PLACE ON-LINE:
WWW.RUNSIGNUP.COM, **KEYWORD SEARCH: NORTH
CYPRESS RUNNING CLUB****

North Cypress Running Club

PARENT OR GUARDIANS AGREEMENT OF WAIVER OF LIABILITY AND MEDICAL RELEASE

(FOR USE BY ADULTS DURING SPECIAL EVENTS AND ACTIVITIES IF THE PARTICIPANT IS UNDER THE AGE OF 18.)

The undersigned parent or natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in the North Cypress Cross Country Preparation Training Program.

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the next of kin, successors, and assigns, to:

- Waive, release, and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to participant and his/her estate, the North Cypress Running Club, and all of its coaches; and
- hold harmless the North Cypress Running Club, its coaches, and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant which may be deemed advisable in the event of injury, accident, or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that _____ has my permission to participate in the North Cypress Program. I further certify that the above student/player has medical insurance in case of an emergency. I authorize the program staff to act for me according to their best judgment in any emergency requiring medical attention. I release and hold harmless all NCRC staff, coaches, directors, agents, and affiliates, from and against any liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this program with the North Cypress Running Club.

I, the undersigned, acknowledge that I have read and understand the above release.

Athlete _____

Address _____

Phone _____ Age _____

Guardian signature _____ date _____

E-Mail _____

Program Features

- The human body and running
- Strength training sessions
- Nutrition Sessions
- Goal setting and motivation
- Development of your training
- practice and training guidelines
- group training

Program Staff

The program is under the direction of Gregory and Molly Zarate, USA Track & Field Certified Coach. Both have participated and coached at the collegiate levels (Texas Lutheran University and Texas State University). Both Gregory and Molly Zarate have Bachelors and Master Degrees in Exercise and Sports Science from Texas State University.

What to Bring

Participants should bring their running shoes, training clothes daily, towel (optional), sunscreen, and anything else that they deem necessary. Water will be available for all participants. If you choose to bring your own water, that will be acceptable.

General Information

The philosophy of the Cross Country Summer Preparation program is to encourage and prepare serious Cross Country runners for their upcoming Cross Country and Track Seasons. The Cross Country Summer Preparation Program is intended for any high school or middle school student who desires to learn more about competitive running. The purpose of the program is to educate all participants about the developmental process of running and racing at a high level. The Cross Country Preparation Program will expose the participants to the education, physical training, and most importantly, motivation that will jump start their season and to help them achieve their goals. The physical training will be designed to enhance the runners' endurance base as they continue their pre-season training. We hope that these, combined with lots of motivation and fun, will lead our participants to success in the fall Cross Country season and Spring Track season. This is an excellent preparation for the season that will begin in a few short weeks.

Program Goals

- Participants will improve their knowledge of distance running and training.
- Athletes will learn drills that are distance specific.
- Athletes will be inspired to reach their potential.
- Athletes will be given information on goal setting and mental preparation for distance running.
- Athletes will learn about team running and the team aspects of Cross Country.
- Athletes will learn about injury prevention of running injuries

Cost for 7 Week Program

\$125.00 non-refundable fee will cover all expenses associated with the summer long preparation program. Late registration fee will be \$150.00 after May 15, 2019.

- Contact info: gregory.zarate@cfisd.net

North Cypress Running Club

13th Annual

Cross Country Preparation
Training Program

