

2019 Noblesville Cross Country 2st ANNUAL Training Camp

When: Morning Practice at NHS 7/22/19 7:00 White River Campground(WRC) -9:30
Cost: \$10.00.

Leave WRC after Morning run--Tuesday, July 23rd. Return approximately 2:30 pm,
Thursday July 25th. Transport by School Bus to Clifty Falls State Park

Where: Clifty Falls State Park, Madison, IN

Why: Training, personal development, team camaraderie and fun

Who: Members of the 2019 Noblesville High School Cross Country Team,
Fathers, and alumni

Costs: Camp fee is \$60.00, due Wednesday, July 17th (fathers--free) with permission slip. This fee includes breakfast, lunch, & dinner, campsite expenses, entry fees into the park, & other miscellaneous items. Extra money will go toward the purchase of team T-shirts or Gatorade.

Additional Costs: Extra munchies, drinks...etc. Swimming fee is \$3.00, Group rate 20 daily admissions for \$30.00. Lunch at McDonalds on final day is about \$8.00. Runners should bring \$10.00 extra spending money.

Camp Activities: RUNNING, Frisbee , croquet, speedball, swimming, cards...etc.

Camp Check List: Running gear (shorts, socks, t-shirts, running shoes, several towels), old shoes, long sleeve shirts, jacket, sweats, sleeping bag, pillow, toiletry items (toothbrush, toothpaste, soap, washcloth, shampoo, brush/comb), sunscreen, insect repellent, flashlight, camera, swimsuit, ground cover, garbage bag, rain gear. Optional: Ipod, batteries, cards (Uno), Frisbee, baseball glove, bats, volleyball or badminton set.
LEAVE PHONES AT HOME.

Tents: This year we need big tents....Frosh will share tent (4+ each), Same for other classes.....trying to build team camaraderie rather than have one/two person tents. Learning to share space will help us run together as a team!! So seeking large tents.

Questions: Call Coach Kent Graham
317-313-9599

Parents: In case of EMERGENCY ONLY call:
Clifty Falls State Park
812-273-8885

Noblesville Cross Country

State Finalist-1987, 1992, 1993, 1995, 2007, 2008, 2009, **2010 (Runner-up)**

Individuals: Eight

Semi-State Finalist-1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2007, 2008, 2009, 2010, **2018**

Regional Champs-1986, 1988, 1991, 1995

Regional Finalist-1986-2003, 2007-2010, 2014, 2015, 2017

Sectional Champs-1986

Hamilton County Champs--1997

Olympic Conference Champs—1997, 1999

Hoosier Crossroads Champs 2010

Training Camp Rules:

1. The coach reserves the right to deny anyone in camp the privilege to stay with the team at camp if the rules stated here are not followed 100%, or if you create or commit any actions that are detrimental to our purpose.
2. Parents will be called immediately to pick you up if you cannot abide by these rules.
3. Help make this a great camp. Cooperate; be ready and willing to work.
4. Be gentlemen at all times! Do not act like a fool. Do not have a smart, obnoxious mouth. We are in public and will be representing Noblesville Cross Country at all times.
5. NO PROFANITY!!!!!!
6. Quiet hour begins at 10:00. Lights out radios off by 10:30. Get your sleep.
7. Keep your tent clean & help keep the campsite clean.
8. NO FIREWORKS!!!!!!
9. Work groups will be determined. Do your work plus be helpful at all times and everyone will benefit.
10. Camp is hard work, lots of miles run, team activities, and fun if you use good judgment and stay under control at all times. Be positive to each other, DO NOT RIDICULE OR PICK ON ANYONE... NEGATIVE COMMENTS SHOULD NOT BE MADE.
11. WATCH OUT FOR SKUNKS & BEE HIVES!!!!!!

PERMISSION SLIP FOR CC CAMP

I/We, the parent(s)/legal guardian(s) of my/our son, _____ do hereby grant my/our permission to Coach Kent Graham, for emergency medical treatment should my son be injured while participating in Cross Country camp during the period of July 22-July 25, 2019.

I/We do further understand and agree that as the parent(s)/legal guardian(s) of _____, that all costs arising out of and resulting from said emergency treatment shall be borne by me/us and that Coach Graham is hereby released of any and all expenses and liability resulting from said emergency medical treatment.

Signed _____ Date _____
(Signature of father/male guardian)

Signed _____ Date _____
(Signature of mother/female guardian)

2 Emergency numbers 1 _____
2 _____

Medical Insurance Company _____

Insurance ID# _____

\$10.00 Fee White River Camp only.

****MUST BE RETURNED WITH \$60.00 TRAINING CAMP FEE BY July 17th. TO COACH GRAHAM. Make Checks payable to: Kent Graham. A \$10.00 LATE FEE WILL BE ASSESSED AFTER THIS DATE.**