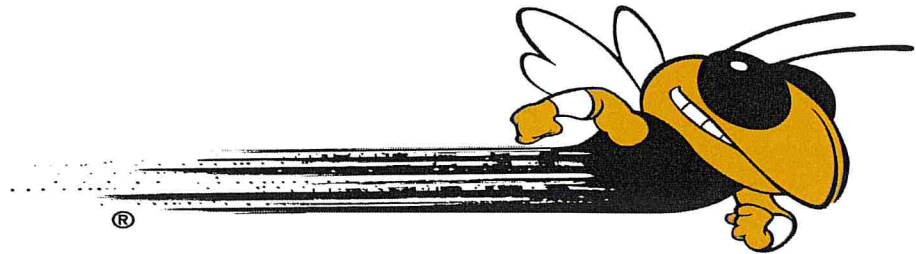


# Licking Heights Hornet

## Youth Cross

## Country

## Camp



**Who:** Grades 3-6

**Where:** Licking Heights High School Track

**When:** July 30-August 3, 2018 6:00-7:30 pm

**Cost:** \$50 make checks payable to Licking Heights

**Questions:** Contact Coach Wand @ [awand@lhschools.org](mailto:awand@lhschools.org) or 614-570-4825

Come work on endurance, conditioning, proper form, stretching, strength building, making new friends and playing games with the Licking Heights Cross Country Team and Staff.

Participation limited to the first 50 registrants. (Participation will be confirmed through email.)

Please email the bottom of the form to:

**Licking Heights**

**Licking Height Cross Country Camp**

**4000 Mink Street S.W.**

**Pataskala, OH 43062**

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**Registration Deadline June 15, 2017**

**T-Shirt Size:**

**Youth Small** \_\_\_\_ **Youth Medium** \_\_\_\_ **Youth Large** \_\_\_\_

**Adult Small** \_\_\_\_ **Adult Medium** \_\_\_\_ **Adult Large** \_\_\_\_ **Adult X-Large** \_\_\_\_

**Camper's Name:** \_\_\_\_\_ **Camper's Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby give my consent for emergency medical treatment for \_\_\_\_\_  
(camper's name) if I cannot be reached. I release Licking Heights High School staff, coaches, cross country team and all volunteers for the Licking Heights cross country camp, from any and all liability from injury and illness which may be incurred while at camp.

**Parent/Guardian Signature:** \_\_\_\_\_