

Application

Please complete this form and send it back to Coach Porter (jporter@sluh.org) by the beginning of May. Make checks payable to SLUH.

Name: _____

Address: _____

City/Zip: _____

Year in school for the
2025-26 school year: _____

Parent emails: _____

Parent Phone #: _____

Additional #: _____

Please check which option you are registering for:

_____ Daily Runs/Weights and both weeks of camp - \$175

_____ 1/2 summer daily runs (16 daily runs or less) - \$60, does not include camps

_____ Camp Week 1 only - \$30 for one week, \$50 for both weeks

_____ Camp Week 2 only - \$30 for one week, \$50 for both weeks

T-Shirts will be given to anyone who attends 15 summer runs/camp days. Please select your size.

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Permission Form

If you are signing up camps or the summer running program now, please fill out the risk and release agreement below and return this form with your check.

Assumption of Risk Agreement and Release

The undersigned, as parents/guardian of _____, a minor, hereby testify that we understand that our son/guardian is participating in the SLUH Cross Country Camps or Weights program. Our signature below indicates that we hereby release St. Louis University High School from all liability and assume all responsibility for risk of otherwise participating in these activities. I/we have read and understood the foregoing Assumption of Risk Agreement and Release this ____ day of _____, 2025.

Parent/ Guardian Signature(s):
