

# CHURCHILL CROSS COUNTRY CAMP 2025

**MONDAY - THURSDAY**  
**JUNE 9 - 12, 2025**  
**08:30 AM - 11:30 AM**

**CAMP MEETS ON THE  
CHURCHILL TRACK**

**Late Registration Fee**  
**AFTER JUNE 2ND**  
**\$90 / PARTICIPANT**

**Registration Fee**

**\$80**  
**/ Participant**



**Register Below:**

**All campers will receive a  
t-shirt and post run snacks daily!**

**Mail or give to: Sara Kroll - 8900 Newburgh Road, Livonia, MI 48150**

**Can register via Google Form, use link: <https://forms.gle/zDBdsDkRMXwLfDWy9>**

**Venmo or Cash PREFERRED (bring cash on first day or mail to CHS athletic office): Venmo @Sara-Kroll (last 4 digits 4386)**

**Campers Name: \_\_\_\_\_**

**T-Shirt Size (please state if you need youth or unisex): \_\_\_\_\_**

**Any Allergies: \_\_\_\_\_**

**Parent Name, Email, Phone #: \_\_\_\_\_**  
\_\_\_\_\_

**Camper Liability Agreement:** I hereby and herein authorize the director of the XC Camp, or any staff working on the camp's behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and wait all liability for any injuries and illness incurred while at the camp. By my signature hereunder, I warrant that my child or ward is in good physical condition, has no undisclosed medical problems, illnesses, or disabilities, and is capable of full and active participation in the XC camp. I also represent that my child or ward has received a physical within the last year and is medically competent to participate in the activities of camp. Lastly, by my signature, I have fully read and fully understand the above liability agreement.

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

**For More Information Contact: Sara Kroll 734-536-4386 [skroll3@livoniapublicschools.org](mailto:skroll3@livoniapublicschools.org)**