Sherrard Cross Country

Grades 3-8 Summer Camp Registration Form

Camper Name:_____ **Entering Grade:**_____

(For additional siblings, please complete a separate form for each)

Shirt Size: Child Sizes: YM YL Adult Sizes: S M L XL XXL

Address:_____

Guardian Phone Number:_____ **Email:**_____

- Please mail a check for $50 made payable to: *Sherrard Cross Country Camp*

  Sherrard XC Camp Attn. Grant Iles
  4701 176th Avenue Sherrard, IL 61281 (Due May 25th)

- Household Discount: 1st Camper $50, 2nd Sibling $30, 3rd and more - Free
- Financial assistance is provided upon request, please contact Coach Iles

  A portion of the camp fees will be applied to staffing expenses

Total Amount:_____ Paid by: Cash Check #:_____

Parent/Guardian: I give permission for my child to participate in camp and hereby release Sherrard High School, their representatives, coaches and staff of any liability for any accident or injuries acquired through the course of this camp.

Parent/Guardian: _____

Signature:_____ **Date:**_____

DATES / TIME: June 1st - 4th / 8:00 - 9:30 am

LOCATION: Sherrard HS Track

WHAT TO BRING: Water Bottle / Athletic Shoes / Running Attire