



DATES

AUGUST 15-16, 2019 8:30 AM-11:00 AM

CHECK @DCGFILLIEXC FOR WEATHER RELATED ANNOUNCEMENTS

CANCELLED DATES WILL NOT BE RESCHEDULED

LOCATION

THURSDAY: MEET AT GRIMES SPORTS COMPLEX

FRIDAY: MEET AT HIGH SCHOOL TRACK

MEET IN THE HS COMMONS IF RAINING

ELIGIBILITY

GIRLS ENTERING GRADES 4-8

COST

\$50 INCLUDES INSTRUCTION & T-SHIRT

\$10 PER ATHLETE SIBLING DISCOUNT

CAMP INSTRUCTION

DEVELOPING A WINNING LIFESTYLE

DEVELOPING A WINNING ATTITUDE

KEYS TO SUCCESSFUL TRAINING

KEYS TO SUCCESSFUL RACING

CAMP WORKOUTS

LONG RUN, INTERVALS AND/OR HILLS



WHAT TO EXPECT

CAMPERS WILL PARTICIPATE IN TEAM BUILDING ACTIVITIES, LEARN DISTANCE RUNNING FUNDAMENTALS, DISCUSS CROSS COUNTRY STRATEGIES AND PARTICIPATE IN WORKOUTS.

WHAT TO BRING

COMFORTABLE WORKOUT CLOTHES
RUNNING OR TENNIS SHOES - NO SPIKES
WATER BOTTLE
POSITIVE ATTITUDE

COACHING STAFF

JUSTIN DROPERT, HEAD HIGH SCHOOL COACH
HEATHER EVERY, ASSISTANT HIGH SCHOOL COACH
KERI MCDERMOTT, MIDDLE SCHOOL COACH

FURTHER INFORMATION

EMAIL: HEATHER.EVERY@DCGSCHOOLS.COM



NOTE TO PARENTS

OUR COACHING STAFF IS FOCUSED ON BUILDING ENTHUSIASM FOR CROSS COUNTRY IN YOUNG ATHLETES. WE STRIVE TO ENSURE CAMP PARTICIPANTS EXPERIENCE SUCCESS WHILE INTRODUCING CROSS COUNTRY FUNDAMENTALS. WE WILL ENCOURAGE EACH ATHLETE TO CELEBRATE EFFORT OVER RESULT.

ENROLLMENT INSTRUCTIONS - REGISTER ONLINE AT DCGCAMPS.COM

ONLINE REGISTRATION IS ENCOURAGED. TO REGISTER BY MAIL SEND COMPLETED FORM TOGETHER WITH PAYMENT TO:

HEATHER EVERY, 2109 NW GABUS DR, GRIMES, IA 50111

PLEASE MAKE CHECKS PAYABLE TO FILLIE CROSS COUNTRY. REFUNDS WILL NOT BE ISSUED FOR CANCELLATIONS. REGISTRATIONS AFTER JULY 20 WILL BE ACCEPTED. HOWEVER, T-SHIRTS WILL NOT BE GUARANTEED.

ATHLETE INFORMATION

ATHLETE NAME:

GRADE: 4 5 6 7 8 *** GRADE AS OF FALL 2019 ***

T-SHIRT: YXS YS YM YL S M L XL

PARENT NAME:

PARENT PHONE:

PARENT EMAIL:

PARENT RELEASE

I HEREBY REQUEST THAT YOU ACCEPT THE APPLICATION FOR ENROLLMENT OF _____ IN THE 2019 DCG CROSS COUNTRY CAMP DURING THE DATES SET FORTH IN THIS BROCHURE AND IN CONSIDERATION OF YOUR ACCEPTANCE OF THE APPLICATION, HEREBY RELEASE THE DCG SCHOOL DISTRICT AND ALL ITS EMPLOYEES FROM ALL CLAIMS ON THE ACCOUNT OF ANY INJURIES WHICH MAY BE SUSTAINED WHILE ATTENDING THE 2019 DCG CROSS COUNTRY CAMP. I FURTHER AGREE TO INDEMNIFY THE DCG SCHOOL DISTRICT AND ITS EMPLOYEES FOR ANY CLAIM WHICH MAY HEREAFTER BE PRESENTED BY MY CHILD AS A RESULT OF ANY SUCH INJURIES. I ALSO AUTHORIZE THE TRAINING STAFF AND MEDICAL PERSONNEL TO TREAT MY CHILD IN THE EVENT OF ILLNESS OR INJURY.

PARENT NAME (PRINTED)

PARENT NAME (SIGNATURE)

DATE