

# **\*\*RIVER HAWKS RUN CAMP 2024\*\***

**Varsity Cross Country (XC) Coach Josh Williams and Running Coach Christine Nichols along with Avon XC athletes will be hosting a River Hawks running camp this summer for students entering 1<sup>st</sup> – 5<sup>th</sup> grade in the 2024–2025 school year**

**COST: FREE**

**DATES: 7/8, 7/10, 7/15, and a 1.5 Mile Race on 7/17 on the Avon Varsity XC Course**

**TIMES: 7:30 to 8:30 PM**

**CAMP LOCATION: Avon Central School Track**

**EQUIPMENT: Sneakers and a water bottle**

**\*Completed forms are due by July 5<sup>th</sup>\***

There are 2 options to submit forms

1: submit completed paper form to Avon Town Offices

2: email completed form to [recreation@avon-ny.org](mailto:recreation@avon-ny.org)

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**\*\*\*Please fill out one form PER FAMILY. Use additional forms, if necessary\*\*\***

Parent/Guardian: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

**Name:** \_\_\_\_\_ **M/F** **DOB:** \_\_/\_\_/\_\_ **Age:** \_\_\_\_ **Grade Sept. '24:** \_\_\_\_

**Name:** \_\_\_\_\_ **M/F** **DOB:** \_\_/\_\_/\_\_ **Age:** \_\_\_\_ **Grade Sept. '24:** \_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_

Please describe any physical limitations, allergies or medical concerns for your child:

\_\_\_\_\_  
I/We the parents or guardians of the participant in the River Hawks Running Camp, give permission for my son/daughter to participate in any and all activities. To the best of my knowledge, my child/children is/are physically and mentally fit to participate in this program. Recognizing the possibility of physical injury associated with this program, I hereby release, discharge and otherwise indemnify Avon Youth Recreation, affiliated municipalities, employees and associated personnel, including the owners of the facility, against any claim by or on behalf of the registrant as a result of the registrant's participation in this program whether the result of negligence or for any other cause.

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