

A graphic for a track and field camp. On the left, a grey silhouette of a runner is shown in mid-stride, running on a track with lane numbers 1 through 5 visible. The runner is wearing a red singlet and black shorts. The background is split: the left side is a grey track, and the right side is a solid red background. Text is overlaid on the red background.

TRACK & FIELD CAMP

JUNE 1-4

9 AM - 11 AM

RUN, JUMP, THROW



LOVEJOY TRACK AND FIELD CAMP

Dates: June 1st - 4th

Times: 9:00 AM - 11:00 AM

Location: Lovejoy High School Stadium

Ages: Grades 1st - 8th

What is Included:

Camp T-Shirt
Camp Awards

What to Wear:

Athletic Shoes
Shorts
T-Shirt

What to Bring:

Water Bottle
Snacks

Questions?

Carly.Littlefield@lovejoyisd.net
Logan.Kelly@lovejoyisd.net

Skills Taught:

Sprinting and Max Acceleration

Running Mechanics

Jumping Mechanics

Relay Handoffs

Long Jump

Triple Jump

Shot Put

Pole Vault

High Jump

Speed Games and Competitions



Please register online at lovejoyleopards.net

If paying by check, please send this registration form and payment to:

Lovejoy ISD Athletic Department,
259 Country Club Road, Allen, TX 75002

2020 TRACK & FIELD SUMMER CAMP REGISTRATION FORM:

Name: _____ Male/Female: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Phones: _____

Email: _____

2020-21: Grade: _____ School: _____

T-SHIRT SIZE (Circle One): Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL AXXL

SESSION: _____ July 1-4 9:00 AM - 11:00 AM Incoming grades 1-8

FEE: \$110 per camper, if registration received before **May 8, 2020**, \$60 per camper, Lovejoy Employee
*Sibling Discount: subtract \$10 per camper, \$100 each.

\$120 per camper, if registration received on or after **May 8, 2020**, \$70 per camper, Lovejoy Employee
*Sibling Discount: subtract \$10 per camper, \$110 each.

***Sibling Discount is for siblings attending any session of the same camp hosted by the same coach!**

No refunds on or after the first day of each camp.

Make checks payable to **Lovejoy TRACK & FIELD Camp**

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

LIABILITY RELEASE and MEDIA RELEASE

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lovejoy Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence. In addition, I grant permission for my child's picture to appear in Lovejoy ISD Athletic publications.

PRINT NAME _____ SIGNATURE _____ DATE _____

Check # _____ Amount \$ _____ Date Received _____ Date Posted _____