

Warrior Track & Field Camp



Instruction by the award-winning WNHS Head Track & Field Coach, Johnny Jackson, assistant coaches, and Warrior athletes who will work to develop your athlete's individual technique and form.

When: Monday- Friday, June 3rd-7th, 2019

Time: 9:00 am-12:00 pm

Where: Westerville North High School Stadium 950 County Line Rd. Westerville OH

Cost: \$65 per athlete -\$5 sibling discount (includes camp t-shirt)

Who: Boys and girls ages 7-14 (older and younger with advance notice)

Bring: Running shoes, sweat pants, and water each day

Camp is limited to 75 athletes, walk-ups accepted on a first come, first served basis.

Questions?: Contact Coach Jackson at: jljackson77@gmail.com

-----Detach here and mail in lower portion-----

Please complete the following information and **submit by May 20th. Make checks payable to WNABC Track and Field**. Mail to : Anita Sherrard, 685 Seagull Ct, Westerville, OH 43082

Athlete Name: _____

School _____ Grade _____

Address _____

Parent/Guardian Name _____

Parent email (please be sure this is legible- you will be contacted/confirmed through email)

Parent/Guardian Contact in case of emergency _____

Shirt size (circle one): Y-S Y-M Y-L A-S A-M A-L A-XL

Complete the Emergency Contact information on the back also.

Emergency Contact Information

Injury and Insurance Release Statement: I give my permission for my child to participate in the Winter Westerville North Warrior Track & Field Camp. In addition, I agree to accept any and all liability in case of accident or injury.

Parent (guardian) signature for insurance release:

Emergency Medical Authorization (Section 3313.312 Ohio Revised Code)

Parent (Guardian) Names: _____ Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

PART I or PART II must be complete.

PART I CONSENT - In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the admission of any treatment deemed necessary by (preferred physician) _____ @ phone _____ or (preferred dentist) _____ @ phone _____, or in the event that the preferred practitioner is not available, by any other licensed physician or dentist, and transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted to:

Date: _____ Signature: _____

PART II - REFUSAL TO CONSENT - I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to:

Date: _____ Signature: _____