

# Penn Track Camp 2020

Join the winning tradition:

**Combined 54 Time Sectional Champions!**

Camp Staff: Jon Carroll and Todd Crist, Penn Boys Track Coaches  
Melissa Danner, Penn Girls Head Track Coach

**Speed and Strength: the foundation of all major sports**

Areas emphasized: **Sprinting, Hurdling, Long and High Jump  
Weight Events, Distance Running, Relays**



Who: All boys and girls in current grades K-8  
When: Mon-Thurs June 15<sup>th</sup>-18<sup>th</sup>, 1 week  
Where: **Penn High School Track**  
Time: **8:00-9:30 Grades K-4**  
**9:30-11:00 Grades 5-8**  
Cost: \$50 includes camp t-shirt.



Please note: Rain day will be made up Friday the 19<sup>th</sup>

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Detach this portion and return with payment

Student Information: Grade level is determined by last year (19/20)

Session you are signing up for: \_\_\_\_\_ 8:00-9:30 Grades K-4

\_\_\_\_\_ 9:30-11:00 Grades 5-8

Name: \_\_\_\_\_ Gender M or F Age \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade 19/20 Year \_\_\_\_\_

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

**Circle One: T-shirt Size** Youth M L Adult S M L XL

Questions: contact Jon Carroll at [JCarroll@phm.k12.in.us](mailto:JCarroll@phm.k12.in.us)

**Make checks payable to: Jon Carroll**

Remit waiver, application, and fees to:

Penn High School

c/o Jon Carroll

56100 Bittersweet Rd.

Mishawaka, IN 46545

## Emergency Information

Parent Name \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Waiver for: (student name) \_\_\_\_\_

I hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation and the Penn Track Camp, including its staff or volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in the Penn Track Camp.

If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during the Penn Track Camp.

Signature of parent or guardian \_\_\_\_\_ date: \_\_\_\_\_

