The program is organized to promote cardio training over the summer break in preparation for fall sports or the achievement of personal running related goals. Participants will have the opportunity to train with others who have similar fitness levels in a group environment. Workouts include plyometrics, strength, speed, and endurance training to get you in top shape to reach your potential and meet your goals. This program is highly recommended for cross country athletes.

**HIGH SCHOOL RUNNING CLUB**

- **Date:** July 8 - August 15
- **Day:** Mondays, Tuesdays & Thursdays
- **Time:** 8:00 - 10:00am (rain or shine)
- **Location:** Nicolet High School - Track/Outside
- **Grade:** 9th - 12th (grade as of Fall 2019)
- **Fee:** $50.00R/$60.00NR
- **Program#:** 323080-01
- **Min/Max:** 10/75
- **Instructor:** NHS Cross Country Staff

The program is organized to promote cardio training over the summer break in preparation for fall sports or the achievement of personal running related goals. Participants will have the opportunity to train with others who have similar fitness levels in a group environment. Workouts include plyometrics, strength, speed, and endurance training to get you in top shape to reach your potential and meet your goals. This program is highly recommended for cross country athletes.

**MIDDLE SCHOOL SUMMER RUNNING CLUB**

- **Date:** June 24 - July 25 (skip 7/4)
- **Day:** Mondays, Tuesdays & Thursdays
- **Time:** 8:00 - 10:00am (rain or shine)
- **Location:** Nicolet High School - Track/Outside
- **Grade:** 4th - 8th (grade as of Fall 2019)
- **Fee:** $50.00R/$60.00NR
- **Program#:** 323081-01
- **Min/Max:** 10/75
- **Instructor:** Jeff Fishbach and the Middle School Cross Country Coaching Staff
Registration Form

Household Information:  Date:__________________________  Alumni___

Name (person filling out form):________________________________________________________________

Address:___________________________________________________________________________________

City:__________________________________________ State:______ Zip:___________

Home Phone:________________________________Cell Phone:_____________________________________

E-mail Address:_____________________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

"As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I/my child may wind or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to exonerate and relinquish all claims I/my child may have or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees. I agree to indemnify and hold harmless from any and all claims from injuries, damages or loss which I/my child may sustain or which I/my child, agent, servant, officer, or employee thereof may sustain from injuries, damages or loss which I/my child may sustain or which I/my child, agent, servant, officer, or employee thereof may sustain while participating in any and/or all activities connected with or associated with such a program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees.

I hereby agree to indemnify and hold harmless from any and all claims from injuries, damages or loss which I/my child may sustain or which I/my child, agent, servant, officer, or employee thereof may sustain while participating in any and/or all activities connected with or associated with such a program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees.

Concussion & Head Injury Disclosure

"As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury."

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until cleared to do so by an appropriate healthcare provider.

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate healthcare provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature____________________________________________________________  Date_______________

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced fee school meal program”

Signature _________________________________________________________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box