Running Club
High School

This 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.

Date: July 9 - August 9
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 2018)
Fee: $50.00R/$60.00NR
Program#: 323080-01
Min/Max: 10/75
Instructor: Adam Piaskowy, NHS Head Cross Country Coach

registration begins April 2nd
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 my child may incur 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 indemnify all claimants (my child) from any and all claims, suits and/or actions which may arise as a result of participating in the program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees.

I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my child may incur or may incur or which my child may be held responsible for on account of my/our participation in this program. I further agree to exonerate and indemnify all claimants (my child) from any and all claims from injuries, damage or loss which may arise or may incur or which may arise or may incur as a result of my/our participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my child may incur or may incur or which my child may be held responsible for on account of my/our participation in this program.

I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which may arise or may incur or which may arise or may incur as a result of my/our participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which may arise or may incur or which may arise or may incur as a result of my/our participation in this program.

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and 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 understand 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 for a suspected concussion if reported by me. I understand that my child cannot return to participation in activities until the parent has provided written clearance from an appropriate health care provider to the coach. I understand the possible consequences of my child returning to participation too soon.

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 understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and the possible consequences of returning to practice/play too soon.

Signature______________________________________________________________  Date_______________

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