

Please return the completed application agreement** along with the required camp fee (payable to CCSD) to:

*Activities Office
Campbell County High School
1000 Camel Drive
Gillette, WY 82716*

Equipment Needed

Each camper is to furnish their own T-shirt, sweatshirt, socks, tennis shoes, sunscreen, and lunch. We will not be responsible for valuables. Please leave them at home!

Each camper will receive a
CAMP T-SHIRT!!!!

CAMP GOALS

- ~Learn event techniques
- ~Learn proper running form
- ~Enjoy competition

CAMPBELL COUNTY HIGH SCHOOL

STATE CHAMPIONS

BOYS

1987, 1989, 1990, 1991,
1992, 1993, 1999, 2001,
2002, 2003, 2004, 2005,
2006, 2008, 2009

GIRLS

1989, 1990, 1991, 1992,
2001, 2005, 2006, 2007,
2013, 2014, 2015

The Campbell County School District is not affiliated with this camp and assumes no financial responsibility for any injuries that may occur.

2017

GILLETTE TRACK CAMP



June 13-16, 2017
Grades 4-8 (Fall 2017)
Track Meet - June 16th
Registration: June 13th
9:30 a.m.
On the CCHS Track

SCHEDULE

Tuesday - Friday

9:30 a.m. - 12:00 p.m.
CORE STRENGTH DRILLS

1:00 p.m. - 3:00 p.m.
EVENT SPECIFIC DRILLS

Wednesday - Thursday
Bring swim suit & towel for
waterslide.

Friday
MINI TRACK MEET

LOCATION
**CAMPBELL COUNTY HIGH
SCHOOL**

COST
\$15
Payable to **CCSD**

PARTICIPANTS
Grades 4 - 8 (Fall 2016)

EVENTS
**Throws, Hurdles, Sprints,
Jumps, Distance**

CAMP DIRECTOR
**Shelly Stremcha
CCHS Track Coach**

CAMP COACHES
**Shelly Stremcha
Camel Varsity Athletes**

Makes checks payable to
CCSD and send to:

**Activities Office
Campbell County High School
1000 Camel Drive
Gillette, WY 82716**

OR

**You can bring your payment
along with your registration
the first morning of camp!**



TRACK CAMP REGISTRATION

Camper's Name _____
Address _____
Grade (Fall 2017) _____
Events _____
T-shirt Size _____
Parent's Name _____
Phone (H) _____ (Cell) _____
Emergency Contact Information _____

Indemnity Agreement

PLEASE READ CAREFULLY

I certify that my child is in good physical health and can participate in all camp activities. I understand that by the very nature of track that there is a possibility of injury and assume the risk and responsibility while my child attends the Gillette Track Camp. I will permit emergency care to be administered to my child as deemed necessary by the Gillette Track Camp. I also understand that the Gillette Track Camp does not provide medical insurance, that I am responsible for my child's medical expenses, and that I must have medical insurance in order for my child to participate in the camp. I forever release, discharge, indemnify, and hold harmless the employees of the Gillette Track Camp from any injury or illness, mental or physical, suffered by any camper during or related to the camp. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies for injury or illness to my child which may directly or indirectly result from my child's participation in the Gillette Track Camp.

****The Campbell County School District is not affiliated with this camp and assumes no financial responsibility for any injuries that may occur.****

Parent/Guardian Signature _____

Date _____