

WINONA AREA RUNNING CAMP

Kick off your summer running program! Community Education is teaming up with local cross country coaches, track coaches, and runners to offer a four-day running camp. Learn how to run from the best coaches and runners in our area.

Topics covered: physical and mental aspects of running, goal setting, evaluate running form, training techniques, and guest speakers.

Who: Students entering grades 4-12 for 2024-25 school year

Dates: June 17-20

Times: 10:30 a.m. - 12:30 p.m. (students entering grades 9-12)

1:30 p.m. - 3:00 p.m. (students entering grades 4-8)

Place: Saint Mary's University - Meet outside Brother Jerome Rademacher Nordic Ski Center/back of Leopold Hall. Go past main entrance and take a left on Gilmore Valley Road. Take a left into the orange parking lot.

Cost: \$25 (includes camp t-shirt)



2024 Winona Area Running Camp

Participant name: _____ Age: _____ Grade (for 2024-25): _____

Address: _____

E-mail: _____

Parent/Guardian: _____ Emergency Phone : _____

Daytime Phone: _____ Evening Phone: _____

CHECK THE CAMP YOU WILL ATTEND:

Students entering grades 9-12

Students entering grades 4-8

Participant t-shirt size: _____ Youth/Adult



Payment: _____ Check _____ # _____ Cash _____ Credit Card

(Please make your check payable to: WAPS Community Education)

Credit Card Name _____

Credit Card Number _____

Expiration Date _____

Has your child had any serious illnesses, accidents, or surgeries in the past year? _____ Yes _____ No

Diabetes: _____ Yes _____ No Allergies: _____ Yes _____ No Allergic to Bees: _____ Yes _____ No

If yes, please explain: _____

Facts about your child's physical conditions/disability, which the camp administration or camp staff should know about: _____

I give my child permission to participate in the above (checked) camp fully knowing that participation may involve risk of injury. I hold harmless the Winona Area Public Schools, Community Education, Saint Mary's University, Coaching Staff, Volunteers and anyone associated with the camp(s) from any liability or an injury, accident or illness obtained at the camp(s). I give my permission for the camp to provide such medical attention deemed necessary in any emergency for my child.

Signed: _____ Date: _____

Parent/guardian signature required

QUESTIONS? CONTACT COMMUNITY EDUCATION ASA OFFICE AT: (507) 494-1060 OR (507) 494-0900
1570 HOMER ROAD OR 903 GILMORE AVE, WINONA MN
ONLINE: www.winonaschools.org/wms/athletics-activities