

2026 St. Paul Track and Field Youth Camp
June 11th and 12th
Contractor's Stadium (Whitney Field)
For boys & girls entering 5th, 6th, 7th, and 8th grades
Cost: \$30.00

The St. Paul Track & Field Youth Camp is the Senior Project of Kade Houck, Aubrie Bogard, Kennedie Frazee, Levi Rospert, Joey Alt, Kate Ware, Jacob Bleile, and Camden Coetzee. There will be daily supervision of the camp by a St. Paul High School Coach. Each athlete will receive individual instructions on various track and field events. Training Day will be June 11th from 9-11 am, and a mini-track meet will be held on June 12th from 9-11 am, which parents are welcome to attend. Each camper will receive a Track & Field t-shirt (adult size).

Application, Consent to Treatment, and Health Form must be completed and sent along with full payment to St. Paul High School, 93 East Main Street, Norwalk, Ohio 44857, attn. John Livengood. Please make all checks payable to St. Paul High School. All applications must be received by **May 29, 2026**. All forms will be collected in the Elementary and Junior High school offices. Any questions? Text: Aubrie Bogard (419-706-4541)

Camper's Name _____ Address _____

City _____ Zip _____ Phone # _____ T-Shirt Size _____

Campers Grade 25-26: _____

Consent to Treatment:

In partial consideration of our child's acceptance into the St. Paul Track & Field Youth Camp, I/we as parents and/or legal guardians of _____ do hereby agree to waive all liability of the St. Paul Track & Field Youth Camp and St. Paul High School employees and staff and the Diocese of Toledo for any accident, injury, (including death), illness, or other mishap which might befall the above-named camper while traveling to or from, or during attendance at the St. Paul Track & Field Youth Camp. Further, I/we hereby grant permission to the staff of St. Paul High School or any medical or surgical consultant deemed advisable, and any hospital, to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible efforts will be made to inform me/us in case of such treatment.

Parent or Legal Guardian's Name (printed) _____

Signature _____

Phone (home) _____

Phone (emergency) _____

Camper's Health Form: Please circle any of the following conditions: asthma, bleeding disorders, convulsions/seizures, diabetes, head injuries/concussions, heart disease, rheumatic fever.

Allergies to drugs/foods _____ Medications _____

Chronic or Recurring Illnesses _____ Operations/Injuries _____

Restrictions _____

Physicians Name/ # _____ Dentist's Name/ # _____

Medical Insurance _____ Policy Number _____