



The Camp will take place rain or shine!

Monday, July 28– Thursday, July 31 2025

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WHAT:

9th Annual Cross Country Camp (All proceeds benefit Hartford CC teams)

WHERE:

At the concession stand behind Hartford Union High School 805 Cedar Street, Hartford

WHEN: Monday, July 28 – Thursday, July 31 6:00 PM—8:00 PM SCHEDULE: On site registration allowed

WHO:

Anyone who enjoys running and is interested in Cross Country

WHY:

Learn:

- Proper Warm up Drills
- Proper Training with specific goals of each workout
- Proper Stretching
- Nutrition
- Race prep
- Teamwork

Cost: \$20 advanced or day of registration. Make checks payable to HUHS

On site registration will be accepted with parent or guardian present

Registration: Complete all information and mail to Hartford Union High School 805 Cedar Street Hartford, WI 53027 Attn: Paul Horanoff

Required equipment:

Running Shoes, Shorts, Shirt, sport drink or Plenty of water. Chocolate milk will be Provided after class

The Camp will be run by the HUHS Cross Country coaches and former Cross Country Athletes

Questions? Contact: Paul Horanoff 262-227-0410 Paul.horanoff@huhs.org

REGISTRATION



9th Annual Cross Country Camp July 28—July 31 2025



Name:						_	Hartford High School Attn: Paul Horanoff 805 Cedar St.								I	
Addres	s: 					_									3027	
Phone	:					_										
Email:						_										
Age Gi	roup: (circle)													
5th	6th	7th	8th	High School												
Feede	r Scho	ol:														

Gender: M F

All registrants are required to sign the following release. Parents or guardians must sign for minors. I the undersigned do hereby agree; or agree for the above named registrants for whom I am a parent or guardian, to participate in the activity indicated and am aware of and understand that there may be and hazards inherent with participation in this activity. I affirm that I, or the minor registered for this activity, am doing as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or my minor, my/his/her/family. My/his/her heirs and my/his/her assigns Hartford Union High School, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all resent and future claims, liabilities, damages or right of action directly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence of Hartford Union High School, its employees, officers, agents and I assume full responsibility for any and all injuries of damages which my occur to me while participating. I grant permission for all free use of my name, motion picture, videos and any other record of this event. MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: in the event of a medical emergency, I authorize Hartford Union High School and its staff to obtain medical treatment of my son/daughter or minor for which I am guardian.

Signature:

Date:

Parent Signature (if under 18):