

2008 Bishop Dunne Catholic School Running, Speed, Agility Camp

“HOME OF THE FALCONS”

- **CROSS COUNTRY STATE CHAMPIONS 1999, 2000, 2001**
- **15 TRACK GIRLS STATE CHAMPIONS**
- **16 TRACK BOYS STATE CHAMPIONS**

Dates: Every Tuesday, Wednesday, Thursday, June 10 – July 24
9:00am – 11:00am (NO CAMP ON July 1, 2, 3)

Cost: \$25 per week or \$60 per month or \$90 for two months

at Bishop Dunne Catholic School

Girls and Boys entering 5th – 11th

Directed by Stephen Guerrero, Kyle Stevens and the Bishop Dunne Cross Country/Track Coaches

Month fee and two month fee includes a Running Camp T – Shirt/Bag/Sport Bottle (Limited Enrollment)

Awards and Prizes

Camp Includes:	Form Running for Sprinters and Distance Runners
	Fundamental Running Skills Agility Skills Speed Training
	Endurance Weight Training Basics and Advance Skills
	Individual Instruction Bishop Dunne Cross Country/Track Runners
	Running Races and Games Age and Ability Grouping
	Trail Running Cardiovascular Training Fun
	Inspirational Messages Christian Setting

Email Coach Stephen Guerrero at sguerrero@bdhs.org or call 214-339-6561 ext. 244 for more information.

****Partial Proceeds will go to the Bishop Dunne Marcus Somerstein Scholarship Fund**

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2008 Bishop Dunne Catholic School
Running Camp Registration Form
Mail to: Bishop Dunne Cross Country - Stephen Guerrero - 3900 Rugged Dr. - Dallas, TX 75224

NAME _____ GRADE (FALL '2008) _____

EXPERIENCE (Circle) Beginner Intermediate Advanced

CURRENT SCHOOL _____ AGE _____

PARENT'S / GUARDIAN'S NAME _____ EMAIL _____

ADDRESS _____ APT# _____

CITY _____ ZIP CODE _____ T-Shirt Size _____

*In Case of Emergency HOME PHONE _____ WORK / CELL PHONE _____

Name of Insurance Company _____ Policy # _____

****Enclosed is a check or money order payable to Bishop Dunne Catholic School for \$ _____**

****Check and Circle the appropriate Camp****

_____ **Number of weeks and Date of Weeks** _____ **Number of Months** _____ **Entire Summer**

Parental Consent

I certify that my child has been examined by a physician and found to be in good health and able to compete in this camp without restriction. Furthermore, I authorize the directors of the Bishop Dunne Catholic School Running Camp to act for me according to their best judgment in an emergency requiring medical attention if I cannot be reached. I hereby release the Bishop Dunne Catholic School Wrestling Camp Staff, Bishop Dunne Catholic School, and the Diocese of Dallas from all claims in case of injury or illness to my child while attending the camp.

Parent's / Guardian's Signature _____ **Date** _____