



MAPLE PRIDE COMMUNITY RECREATION

"A partnership dedicated to improving lives one activity at a time."

Students K-5 Schedule: 8:00am - 9:30am
(7:45am Mandatory Daily Medical Check-in)

Students 6-8 Schedule: 10:00am - 11:30am
(9:45am Mandatory Daily Medical Check-in)

Mon: 7/13, 7/20
Tues: 7/14, 7/7/21
Wed: 7/15, 7/22

Mon: 7/13, 7/20
Tues: 7/14, 7/7/21
Wed: 7/15, 7/22

Who: K-8

Where: Adrian High School Track

Cost \$20 (If financial assistance is needed, please check the box or contact Recreation Director Jeremiah Davies at 517-417-6299 or email at jdavies@adrian.k12.mi.us)

Join the Maple Track Club for our first-ever, Summer Track Camp. Led by the Adrian High School Varsity Track Coaches, students will explore some of the exciting events that track and field has to offer. Take on the high jump, hurdles, shot put, sprint and long-distance events, as well as many more over the two-week camp.

On Wednesday, July 22, 2020 starting at 6:00 pm, students will put their new-found skills to the test at the first annual Maple Track Club Summer Invitational. Students will compete in a variety of different events allowing them to experience the excitement of participating in an official track meet. More information will be distributed to students on the first day of camp.

STUDENTS MUST BRING THEIR OWN WATER BOTTLES

Registration Form to be completed and mailed to: 785 Riverside Ave., Suite 3 Adrian, MI 49221 ATTN: Recreation Director.

Make checks payable to Adrian Public Schools

Pay online: <https://www.adrianmaples.org/departments/recreation.php>

☐ Financial Assistance

Name _____

Grade _____

Shirts size (circle) YS YM YL (A) S (A) M (A) L (A) XL

Please list any allergies/restrictions we should know.

Waiver of Damages: As the parent or guardian of the registered participant, I understand that participation in sports involves the risk of physical injury. I hereby release the Maple Track Club, Adrian Community Recreation Department, Adrian Public Schools, the YMCA of Lenawee, and the City of Adrian and its employees from any personal injury and or property loss. By signing, I also consent to have the registered participant treated by a medical professional in the event of a medical emergency.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Printed Name _____

Contact Phone #'s _____

Parent/Guardian Email Address: _____

***Must be registered by July 3rd to ensure shirt delivery on the first day of camp.**

785 Riverside Avenue, Suite 1, Adrian, MI 49221 | Phone: (517) 417-6299 | Fax: (517) 265-5381

Línea Español: 517-417-6277 | www.adrianmaples.org

