

### Authorization

to their best judgement in any emergency requiring hereby authorize the directors of the GO Athletics the conditions of this registration including the problems which might affect my child's ability to safely medical attention. I know of no mental or physical cancellation policy. her attendance of camp. I have read and understood medical or other changes in connection with his or participate in the camp. I will be responsible for any X-Country/Conditioning Camp to act for me according

Signed:

Date:

Witness:

Date:

#### MAIL TO:

GO Athletics

c/o Pete Wright

EMAIL peterwright5@hotmail.com 12415 - 75 street, Edmonton, AB PHONE 780-619-9690 T5B 2C1

### What to bring to camp

Arrive at camp between 3:00 pm to 5:00 pm on Monday. Leave Saturday at 1:00 pm.

# Athletes are asked to bring the following:

- Water bottle
- Mountain bike (bring your own if you have one and a helmet you can borrow one) Q
- Training shoes
- Running t-shirts, socks (lots of them) Gear shorts,
- Towel
- Modest bathing suit
- Sweat top & jacket
- Sleeping bag & blanket (nights are cool)
- Bug juice
- Flashlight and batteries

Please Note: Camp is your family – for this one week expect all campers at every activity including chapel. camp and though we welcome youth of all faiths or race bed all at same time... and chapel. We are a Christian we do ALL we force things together. Eat, run, play games, go to no one to believe as we do. As a family we

please contact Pete Wright at the following: For more information or registration,

EMAIL peterwright5@hotmail.com or MAIL 12415 75 Street, Edmonton AB T5B 2C1 PHONE 780-619-9690

FACEBOOK

GO Athletics

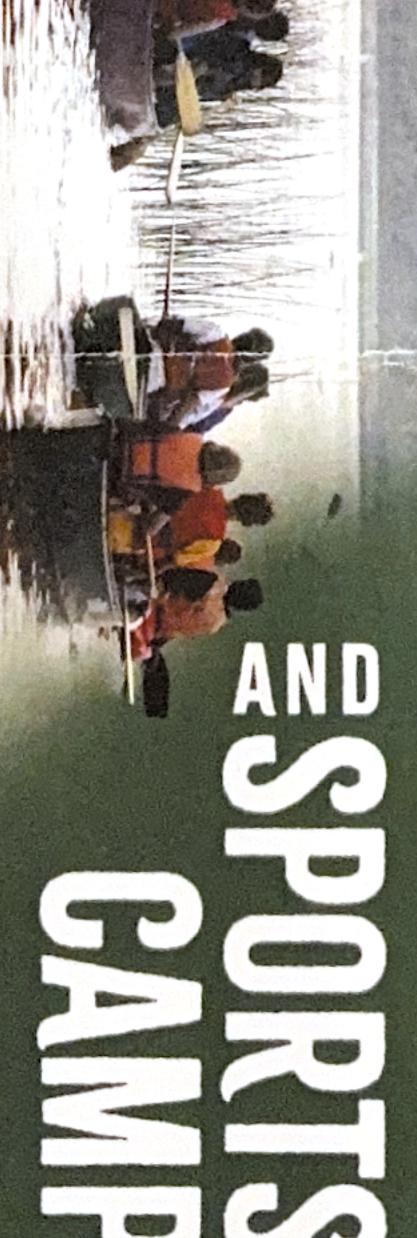
If we can help in any way to prepare you for camp please do not hesitate to contact us. Rides can be arranged to and from camp.



#### CAMP SPEAKER:

to have Matt Van We are truly excited minister of the Gospel. is a missionary and Mexico, where he Matt is married and a Dyken from Tepic





competitive challen more running • bik Great running wo



search: GO Athletics Camp Promo Video To watch a video of camp go to YouTube and

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### CS X-COU

track season: EVERY STRIDE MATTERS! Our theme this year is carried over from our

we started in the 20th century, 1999. Join us for our 27th year of camp, yep, that's right,

join in informative Bible chapel times plus a lot more . . . we might even find time to sleep challenges, swim, canoe, hang out with other wonderful athletes, eat lots of great food and and find out 😉), participate in daily competitive VERY much fun. Of course you'll run, but you'll also Camp is tough work and at the same time it's also volleyball, soccer, boffers (come

is that each camper will join in every camp activity or gathering, including meals and chapels. One of the things that has made camp a great We do everything together, and the expectation erience for over 600 campers is the unity.

GO Athletics and this camp in particular. Every member of our staff is well known to us and most have multiple years of service with

### SEE YOU AT CAMP!

GOT QUESTIONS? ASK THEM!

Petenwright5@hotmail.com or 780-619-9690

CAMP DIRECTORS: Pete & Darlene Wright

Sports Director - Sam Faszer Program Directors - Beka Rekken & Pete Wright REGULAR STAFF: Coaches - Lois Greidanus, Pete Wright, Sam Faszer

## Registration Information

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\$75

PER FAMILY

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NEVER had to turn anyone gifts from His people we have marvelous supplying grace and pay the full cost please away from camp. If you cannot whatever you can, and come! Please note: By God's Once payment is received pay

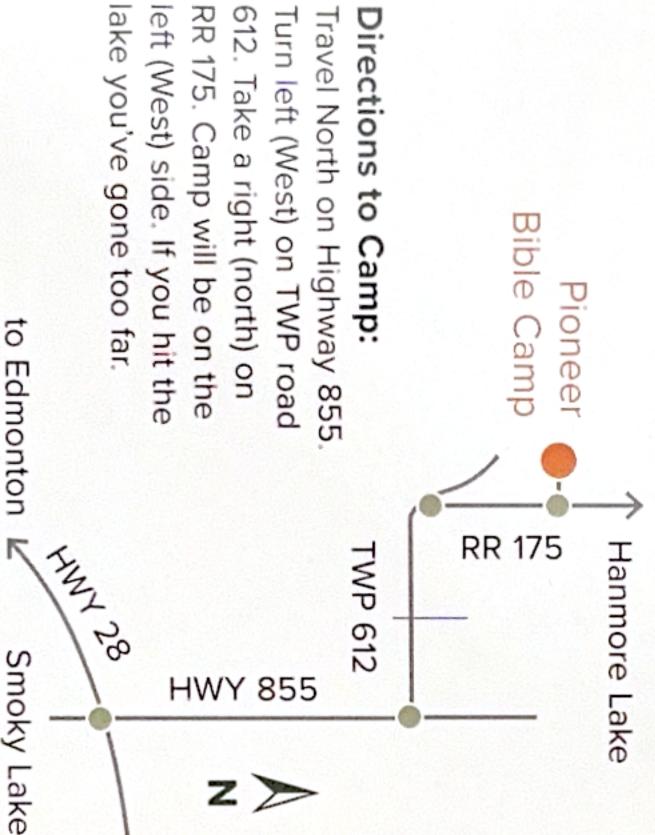
and a receipt. you will receive confirmation

Make cheques payable to: GO Athletics

accommodations. CAMP FEE Includes all meals / snacks and

be granted, 2025 or in High School or College. (Some exceptions may AGE Campers should be entering grade 8 in the fall of please contact Camp Director, Pete Wright.)

any reason non refundable deposit. Any cancellation after July 15 will be considered a \$75 CANCELL before July 15 a full refund will be issued. ATION POLICY if you choose to cancel for







### thlete Information

PLEASE PRINT

NAME

ADDRESS

	POSTAL CODE
TE month/day/order	

PHONE BIRTH DAT

HEALTH CARE E-MAIL

Primary Name: Contact Number:

**EMERGENCY CONTACT** 

Secondary Name

If there are medical concerns please include a sep sheet – information will be keep confidential.

Contact Number:

Make cheques payable to:

SELECT T-SHIRT SIZE

or etransfer to peacehills.xcountry@gmail.c

GO ATHLETICS CROSS COUNTRY

CAM

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Men's sizing only

Don't forget the other side of this forn