

Wayzata Boys XC Running Clinic (Grades 7-12)

When: 8:30-10:00 M, W, Th (Wednesdays go until 10:15) @ WHS.

June 16th through July 31st

-No clinic on June 19 (district-wide) or June 30-July 4 (MSHSL)

Schedule: 8:30-8:40. Short lecture on training, racing, and health
8:45-9:45/10:00. Running workout and strength training
9:45-10:15. Yoga on Wednesdays

Cost: \$100 to cover Clinic T-shirt, water bottle, yoga, etc. Please register by June 7th at the latest.

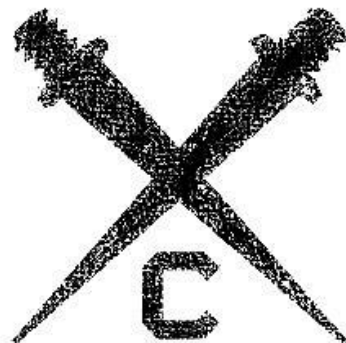
Location: **Wayzata High School.** We will meet at the basketball courts near the Elm Creek Play fields. Our training, brief meetings, and yoga sessions will all take place outdoors. Athletes will be encouraged to bring their own clearly labeled water bottle. We will cancel due to thunderstorms or downpours – but otherwise we will go each day.

Please make checks payable to: “Wayzata Youth Cross Country Club”

Questions: Mark Popp: mark.popp@wayzataschools.org, 320.444.2202
Or Eric Jahn: (952) 797.4085

TO REGISTER: Mail registration form/waiver and check to:

Eric Jahn
16204 Ice Circle Drive
Wayzata, MN 55391



WAYZATA YOUTH CROSS COUNTRY CLINIC - 2025

Name: _____ 2025-26 Grade: _____

Parent(s) or Guardian(s) Name(s): _____

Address: _____
STREET ADDRESS CITY & STATE ZIPCODE

Phone Number: _____ Birth date: ____/____/____

Shirt Size (Adult sizes: S, M, L, XL): _____

Clinic Participation Agreement:

I understand that my consent to these provisions is given in consideration for being permitted to participate in this clinic. I know that running is a potentially hazardous event and I enter this clinic certifying that I am medically able and properly trained. I also acknowledge any and all other risks associated with participating in this event. Knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge Independent School District #284, Wayzata Youth Cross Country Club, the City of Plymouth, Clinic Officials, volunteers, and any and all sponsors including their agents, employees, assignees, or anyone acting on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in the course of my participation in this clinic. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I have read the foregoing and certify my agreement by my signature below.

Signature: _____ Date: _____

Parent's Signature (If under 18): _____