

NIKE SOUTHWEST

CROSS COUNTRY TRIP

THURSDAY, NOVEMBER 16TH – SUNDAY, NOVEMBER 19TH
- MESA, ARIZONA -

TRIP INCLUDES:

- **CHARTER BUS TRAVEL** – LeBus Charter Services
- **HOTEL (3 NIGHTS)** - SpringHill Suites by Marriott
(225 N Metro Blvd, Chandler, AZ 85226)
- **RACE REGISTRATION** – Nike Cross Southwest Championships
- **ALL MEALS INCLUDED** – (\$70 is given directly to the athlete throughout the trip to cover meals. Money given per deim)

TOTAL COST: \$490

Due by the end of August: \$50 Deposit

Due by the end of September: \$220 Initial Payment

Due by the end of October: \$220 Final Payment

NIKE CROSS REGIONALS (NXR) SOUTHWEST REGION

*5K RACE - November 18th, 2023
Coyote Run Golf Course – Mesa, Arizona*



Nike Cross Regionals is the premier national level championships for Cross Country. Sponsored by Nike, it was designed to heighten competition between high school cross country teams nationwide. You can now be a part of the elite tradition!

GENERAL ITINERARY

DAY 1

THURSDAY, NOVEMBER 16TH



TRAVEL DAY

| | | |
|---------------|--|---|
| 6:00am | Meet at Corner Canyon and board Charter Bus | |
| 11:00-11:45am | LUNCH in Kanab, UT <u>(\$10 given for meal)</u> |  |
| 3:30-4:15pm | Arrive in Buffalo Park - Flagstaff, AZ 30-40min easy run with 4 Long Strides | |
| 4:15-5:00pm | DINNER in Flagstaff, AZ <u>(\$10 given for meal)</u> |  |
| 7:15pm | Arrive at Hotel (SpringHill Suites by Marriott 225 N Metro Blvd, Chandler, AZ 85226) | |
| 9:30pm | Room Checks | |

DAY 2

FRIDAY, NOVEMBER 17TH

ACTIVITIES / COURSE PREVIEW

| | | |
|----------------|---|---|
| 7:00-9:00am | BREAKFAST – Continental Breakfast available | |
| 9:30am-12:00pm | ACTIVITY – spend time at the Chandler Mall across from the Hotel (Shops, Movie Theater, Cornhole, Spikeball, etc) | |
| 12:00pm-1:15pm | LUNCH around Chandler Fashion Center <u>(\$10 given for meal)</u> |  |
| 3:30pm | Course Preview (Coyote Run Golf Course–1548 Leisure World Blvd Mesa,AZ) packet pick-up and course walk through 30min easy/avg run with 6 Short Strides | |
| 6:30pm | DINNER around Chandler Fashion Center/Hotel <u>(\$10 given for meal)</u> |  |
| 9:30pm | Room Checks | |


DAY 3

SATURDAY, NOVEMBER 18TH

RACE DAY

| | | |
|----------------|---|--|
| 6:00-6:45pm | BREAKFAST – Continental Breakfast available | |
| 9:00am-12:00pm | RACE DAY – (Coyote Run Golf Course - 1548 Leisure World Blvd Mesa, AZ) | |



NIKE CROSS REGIONALS

| | | |
|-------------|--|---|
| 1:15-2:15pm | LUNCH - Lunch around Chandler Fashion Center <u>(\$10 given for meal)</u> |  |
| 4:00pm | Travel to Discovery Park (2214 E Pecos Rd, Gilbert, AZ) ACTIVITY - Sand Volleyball, Frisbee, Spikeball, Basketball | |
| 6:00pm | DINNER Barros Pizza, Salad and Drinks (provided for the team) | |
| 7:00pm | Head back to the Hotel/Chandler Fashion Center | |
| 9:30pm | ROOM CHECKS - Room Checks by Chaperones | |

DAY 4

SUNDAY, NOVEMBER 19TH

TRAVEL DAY

| | | |
|-------------------|--|---|
| 6:00 – 7:00am | BREAKFAST – Continental Breakfast available | |
| 7:00am | DEPART - Meet at the front of the lobby with your bags. | |
| 11:45pm – 12:30pm | LUNCH – Lunch in Page, AZ <u>\$10 given for meal)</u> |  |
| 4:45pm – 5:15pm | DINNER – Dinner in Fillmore, UT <u>\$10 given for meal)</u> |  |
| 7:15pm | Arrive back at Corner Canyon High School | |

To qualify for the trip athletes must complete the following and turns in the receipt and paperwork to Coach Moody:

STEP 1: Pay the \$50 Deposit

-Athletes will need to pay the \$50 deposit to the main office and get a receipt.

STEP 2. Complete the Attached Paperwork

1. Fill out the Parent Activity Form

A form titled "CORNER CANYON HIGH SCHOOL Parent Activity Form". It includes sections for "Parent Signature" and "Date" (September 26, 2021). There are checkboxes for "I am an agent of the program" and "I am not an agent of the program". It also contains a "STATEMENT OF TRAVEL POLICY" section.

2. Get both of the attached Medical/Insurance Forms **Notarized**

3. Attach two photo copies of your Insurance Card (if applicable)



STEP 3: Turn in all the completed paperwork & \$50 deposit receipt to Coach Moody

****NOTE: ATTENDANCE EXPECTATIONS**

If an athlete is not attending practices consistently or fails to report, in advance, their absences throughout the season, they will not have a guaranteed spot for the trip.

CORNER CANYON HIGH SCHOOL

Parent Activity Travel Form

APPROVAL

Please Check One

_____ I approve of the proposed travel of the Corner Canyon High School cross country group to Mesa, Arizona from Nov 16th – Nov 19th, 2023.

_____ I do not approve of the proposed trip. (please indicate reason on back of form)

Student Name: _____

Parent Signature: _____

Date: __August 22, 2023

COMMITMENT

Please Check One

_____ My student and I agree to be responsible for the financial commitment of \$490.00 per person, plus any personal spending money. Spending money is at the parent's discretion.
I understand that all payments are non-refundable.

_____ My student will not be participating in the proposed

Student Name: _____

Parent Signature: _____

Date: __August 22, 2023

STUDENT OVERNIGHT TRAVEL POLICY

When, in the sole judgment of the Canyons School District administration or the board of education, in consultation with the school and the participation students and patrons, travel is suspended due to safety or other consideration beyond the control of any or all involved, Canyons School District, the Board of Education, school employees and agents shall have no obligation and shall be held harmless with respect to refund of any expenditures. Participants should not expect refunds for cancellations either individually or as a group.

Student Name: _____

Parent Signature: _____

Date: __August 22, 2023

Canyons School District
**Medical and Insurance Information and
Parent Consent for Student Travel and Medical Treatment**

Student Name _____
Last First MI

Home Address _____ Hm Phone _____

Parent/Guardian _____ Cell Phone _____

Local Relative/Neighbor _____ Phone _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

List special medical problems. If none, so state _____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Ins. Co. Phone # _____

Policy # _____ Group/Plan # _____

Current Physician _____ Phone # _____

Please attach a copy of your medical insurance identification card.

If you do not have medical insurance coverage please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of responsible party: _____ Relationship to student _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, undersigned, being the parent or the legal guardian of _____ DOB _____

hereby grant permission for the above named student to travel to Mesa, Arizona with Chargers XC

during (dates) November 16-19, 2023 and hereby grant authorization to the supervisor(s) or

official chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from

a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

Signature of person giving consent

Date

Relationship to student

State of Utah
County of Salt Lake

On _____, 20____, _____ personally appeared before me

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of _____

to be signer of the above document and he/she acknowledged that he/she signed it.

Notary Public

Canyons School District
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Parent Consent for Student Travel and Medical Treatment**

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Last First MI
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Notary Public

