



MEET DATE & LOCATION: 11.20.2021 - Shalimar Golf Club, Tempe, AZ  
STATES INCLUDED: CO - UT - NM - AZ – NV

Congratulations, you have been invited to compete in Tempe, AZ at Nike Cross Regionals for the Chargers XC Club!

Nike Cross Regionals is a premier cross country meet that serves as the national level championships for the United States. 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 TRAVEL INFO:

**Dates:** 4 Days – Thursday, Nov 18<sup>th</sup> – Sunday, Nov 21<sup>st</sup>

**Travel:** LeBus Charter Services

**Hotel:** Springhill Suites by Marriott – Chandler, AZ

\*General Itinerary on backside

If you are interested please fill out the following forms and return them to Coach Moody by Monday, Oct 4<sup>th</sup>.

- 1. Fill out the Parent Activity Form



- 2. Get both of the attached Medical/Insurance Forms Notarized
- 3. Attach two photo copies of your Insurance Card (if applicable)



# GENERAL ITINERARY

## DAY 1

THURSDAY, NOVEMBER 18<sup>TH</sup>

## TRAVEL DAY

6:00am	Meet at Corner Canyon and board Charter Buses
11:00am	Arrive in Kanab, UT 40min easy run with 4 Long Strides
11:45-12:30pm	LUNCH in Kanab, UT
4:15-5:00pm	DINNER in Flagstaff, AZ
7:15pm	Arrive at Hotel (Destination – SpringHill Suites by Marriott 225 N Metro Blvd. Chandler, AZ 85226)
9:30pm	Room Checks

## DAY 2

FRIDAY, NOVEMBER 19<sup>TH</sup> *ACTIVITIES / COURSE PREVIEW*

7:00-9:00am	BREAKFAST – Continental Breakfast available
9:30am-12:00pm	Activities – spend time at the large Mall across from the Hotel (Movie Theater, Cornhole, Spikeball, etc)
12:00pm-1:15pm	LUNCH around Chandler Fashion Center
3:30pm	Nike Southwest, packet pick-up and course walk through 30min easy/avg run with 6 Short Strides
6:30pm	DINNER around Chandler Fashion Center/Hotel
9:30pm	Room Checks

## DAY 3

SATURDAY, NOVEMBER 20<sup>TH</sup>

## RACE DAY / CASTLES & COASTERS

6:00-6:45pm	BREAKFAST – Continental Breakfast available
9:00am-12:00pm	RACE DAY 9:05 am Girls Large School Open Race RED 10:05 am Boys Large School Open Race PURPLE 10:47 am Boys Championship Race BLACK 11:27 am Girls Championship Race GREEN
1:15-2:00pm	LUNCH - Lunch around Chandler Fashion Center
2:00pm	Travel to Castles and Coasters (Theme park with Miniature Golf)
6:30pm	Meet to head back to the Hotel/Dinner
7:00pm	DINNER - Dinner around Chandler Fashion Center
9:30pm	ROOM CHECKS - Room Checks by Chaperones

## DAY 4

SUNDAY, NOVEMBER 21<sup>ST</sup>

## TRAVEL DAY

6:00 – 7:00am	BREAKFAST
7:00am	DEPART - Meet at the front of the lobby with your bags.
11:45pm – 12:30pm	LUNCH – Lunch in Page, AZ
4:45pm – 5:15pm	DINNER – Dinner in Fillmore, UT
7:15pm	Arrive back at Corner Canyon High School

# 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 Chandler, Arizona from Nov 18<sup>th</sup> – Nov 21<sup>st</sup>, 2021

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

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_September 28, 2021\_\_\_\_\_

### COMMITMENT

Please Check One

\_\_\_\_\_ My student and I agree to be responsible for the financial commitment of \$350.00 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: \_\_September 28, 2021\_\_\_\_\_

### 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: \_\_September 28, 2021\_\_\_\_\_



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 \_\_\_\_\_ with \_\_\_\_\_

during (dates) \_\_\_\_\_ 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



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Date

\_\_\_\_\_  
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County of Salt Lake

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\_\_\_\_\_  
Notary Public

