



## **Aztlan Athletics Foundation Sports Camp**

Aztlan Athletics Foundation (AAF) has been a strong advocate of health and wellness programs since 1976, since then AAF has partnered with organizations throughout Southern California to create events and activities to bring awareness of the health benefits of being physically active.

AAF is excited to announce its 2026 Sports Camp for youth athletes. The camp is designed to increase knowledge and performance in the sport of running, build life skills, learn team building skills, and build networks and friendships. This camp will be great training for any athlete who runs track or cross country, plays soccer, basketball, or any other sport. All talent levels are welcomed and will be encouraged and challenged.

**Who:** Youth Athletes.

**Where:** Silverwood Lake SRA or Big Bear

**When:** Monday July 20th– Thursday July 23rd

Camp tuition is **\$250.00** per athlete due by **June 29, 2026 (Limited space, first come, first served basis)**. Tuition includes transportation, camp accommodations, training/clinics, meals, and a commemorative camp T-shirt.

### **Transportation**

Aztlan Athletics Foundation will provide transportation to and from camp location, with pick up points in Bell Gardens/Lynwood, and Alhambra.

**Online payment:** [paypal.me/AAF1976](https://paypal.me/AAF1976),

**Zelle via:** [epelayo@aztlanathleticsfoundation.org](mailto:epelayo@aztlanathleticsfoundation.org)

Or

[www.aztlanathleticsfoundation.org/sports-camp](http://www.aztlanathleticsfoundation.org/sports-camp)

### **Camp Coaches and Facilitators**

Sandra Rodriguez – Coach/Facilitator

Steve Morales – Coach/Facilitator

Xochitl Zavala – Camp Coordinator/First Aid

Gabriel Mendoza – Camp Associate

Edgar Pelayo – Camp Director/Facilitator

If you have any questions, please email [epelayo@aztlanathleticsfoundation.org](mailto:epelayo@aztlanathleticsfoundation.org).



## Aztlan Athletics Foundation Sports Camp Application

### Athlete Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Athlete Phone (\_\_\_\_) \_\_\_\_\_ Athlete Email \_\_\_\_\_

Grade you will be entering: \_\_\_\_\_ School: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Ph. \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Ph. \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

**T-SHIRT SIZE: (CIRCLE ONE)** Adult small, Adult medium, Adult large, Adult XL, Other \_\_\_\_\_

**Running Experience:** (Tell us a little about your experience, check all that apply)

\_\_\_\_ I am new to running

\_\_\_\_ I run Track or Cross Country

\_\_\_\_ I am running as conditioning for another sport, What sport/s?

\_\_\_\_\_ Best Mile Time

\_\_\_\_\_ Best 5K Time

\_\_\_\_\_ Longest Run this year

## Aztlan Athletics Foundation Cross Country Camp

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by a minor athlete \_\_\_\_\_ ("Minor") and his/her parent or legal guardian \_\_\_\_\_ ("Guardian") in favor of Aztlan Athletics Foundation, a nonprofit corporation organized and existing under the laws of the State of California, Aztlan Athletics Foundation, and their respective directors, officers, employees, agents, shareholders, affiliates and assigns (collectively, "Aztlan Athletics Foundation"). The Minor desires to participate in Aztlan Athletics Foundation's Cross Country Camp and engage in the activities related to being a participant in Aztlan Athletics Foundation's Cross Country Camp. In consideration for participating, both Minor and Parent/Guardian hereby freely and voluntarily, without duress, execute this Release under the following terms:

**1. Guardian Status.** By my signature below, I attest that I am the parent or legal guardian of the Minor named in this Waiver and Release, and that I have the authority to execute this Waiver and Release on behalf of the Minor.

**2. Waiver and Release.** The Guardian and Minor each release and forever discharge and hold harmless Aztlan Athletics Foundation's Cross Country Camp and their respective shareholders, directors, officers, employees, agents, affiliates, successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Minor's participation and time at Aztlan Athletics Foundation's Cross Country Camp. The Guardian and Minor each understand and acknowledge that this Release discharges Aztlan Athletics Foundation's Cross Country Camp from any liability or claim that Guardian and Minor may have against Aztlan Athletics Foundation's Cross Country Camp with respect of bodily injury, personal injury, illness, death, or property damage that may result from activities at a Aztlan Athletics Foundation's Cross Country Camp site. It is also understood that Aztlan Athletics Foundation's Cross Country Camp does not assume any responsibility for or obligation to provide financial assistance or other assistance to the Minor, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage

**3. Insurance.** The guardian and minor each understand that we expressly waive any such claim for compensation or liability on the part of Aztlan Athletics Foundation's Cross Country Camp beyond what may be offered voluntarily and freely by the representative of Aztlan Athletics Foundation's Cross Country Camp, in its sole discretion in the event of such injury or medical expense.

**4. Medical Treatment.** The Guardian and Minor each hereby release and forever discharge Aztlan Athletics Foundation's Cross Country Camp from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Minor's time at Aztlan Athletics Foundation's Cross Country Camp. I certify that "Athlete" is in good health and has no physical condition that would prevent participation in the "Activity". Furthermore, I agree to use "Athlete's" personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required, and I acknowledge that I am responsible for all related costs.

**5. Assumption of Risk and Indemnification.** The Guardian and Minor each understand that the Minor's time with Aztlan Athletics Foundation's Cross Country Camp may include activities that may be new or difficult to minor. We recognize and understand that the Minor's activities at Aztlan Athletics Foundation's Cross Country Camp may, in some situations, involve activities which can pose risk of harm or injury to the Minor. As the Guardian for the said Minor I, and the minor also hereby expressly assume the risk of injury or harm in these activities and release Aztlan Athletics Foundation's Cross Country Camp from all liability for injury, illness, death or property damage resulting from the Minor's activities or the Minor's time at Aztlan Athletics Foundation's Cross Country Camp. Guardian and Minor agree that if anyone makes a claim against Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp, on behalf of Guardian or Minor, that Guardian and Minor agree to indemnify, save and hold harmless Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp from any claim, including without limitation, loss, liability, damage or cost which may occur as a result of any such claim.

**6. Photographic Release.** As the guardian of said minor I, and the Minor each grant and convey unto Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp all right, title, and interest in all photographic images and video or audio recordings made by Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp during the minor's participation with Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp. If I have previously withheld right, title, and interest in all photographic images and video or audio recordings made by Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp of the subject minor, then that will override this permission. Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp will honor that requirement while the rest of this document remains in force.

**7. Behavior.** As the guardian of said minor I, and the Minor each understand that the Minor's behavior at Aztlan Athletics Foundation, or Aztlan Athletics Foundation's Cross Country Camp must comply with all rules and regulations of the US Forest Service, and laws of the State of California and the United States of America.

**8. Other.** The Guardian and the Minor each expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this Release which shall continue to be enforceable. THIS IS A VOLUNTARY RELEASE OF ALL CLAIMS BY YOU. PLEASE READ CAREFULLY BEFORE SIGNING.

I have read this Release, Waiver of Liability, Indemnity Agreement and Parental/Guardian Consent Agreement, and understand that I have given up substantial rights by signing it and have signed it freely and voluntarily.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN AND/OR MEDICAL CLINIC INFORMATION**

Physician's Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
NUMBER CITY STATE OFFICE # ZIP CODE

Office Phone #: \_( ) - Fax Number: \_( ) -

**HEALTH INSURANCE INFORMATION**

Carrier Company: \_\_\_\_\_ Policy / Medical #: \_\_\_\_\_

Office Phone #: \_( ) - Fax Number: \_( ) -

**\* Please attach a photocopy of your insurance card.**

**HEALTH HISTORY:**

*(Please check all that apply.)*

Asthma \_\_ Chronic Upset Stomach \_\_  
 Headaches \_\_ Fainting \_\_ Heart Problems \_\_  
 Convulsions \_\_ Sleepwalking \_\_ ADD \_\_  
 ADHD \_\_ Other \_\_

Comments or restrictions for any item checked:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIST ALL ALLERGIES:**

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Other: \_\_\_\_\_

**IMMUNIZATION RECORD:**

*(Please indicate month & year of last booster.)*

Tetanus: \_\_\_\_\_ MMR: \_\_\_\_\_

Diphtheria: \_\_\_\_\_ Polio: \_\_\_\_\_

Hepatitis B Vaccine: \_\_\_\_\_

**YOUR CURRENT MEDICATIONS  
 (LIST ALL MEDICATIONS BEING TAKEN AT THIS TIME)**

Name of Medication	Used For	How Often	How Much

## Athlete Dietary Information

If you have a dietary restriction such as Vegan or Vegetarian, please indicate by checking the boxes below. We will try our best to accommodate and give Vegan/Vegetarian options for every meal, however, bringing some snacks from home with you is encouraged.

Please place a check mark next to any food you **cannot eat**:

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Milk      | <input type="checkbox"/> Beef        |
| <input type="checkbox"/> Cheese    | <input type="checkbox"/> Pork        |
| <input type="checkbox"/> Eggs      | <input type="checkbox"/> Chicken     |
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Fish        |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Other _____ |

Please place a check mark next to any dietary restrictions you have:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten Free |
| <input type="checkbox"/> Vegan      | <input type="checkbox"/> Other _____ |

Do you have any other allergies or dietary needs you feel we should be made aware of? Please comment below:

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- I do not have any food allergies or dietary restrictions.

Participant Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Today's Date \_\_\_\_\_



## **Guidelines and Expectations for Sports Camp**

The Aztlan Athletics Foundation Sports Camp is designed to improve your knowledge of the sport, teach you how to stay healthy and minimize injury, improve performance, and provide a space for you to learn and network with athletes from other schools.

To make the most out of this experience for everyone involved we ask you follow these guidelines:

- All athletes are expected to be ready to start as early as 6:00 a.m
- End as late as 9:00 p.m
- Participate in all trainings and activities with enthusiasm and an open mind.
- Contribute positively to trainings and activities.
- Respectful and appropriate behavior is expected at all times.
- Athletes are to be respectful to camp staff and other athletes.
- Athletes are to listen and learn during teaching sessions.
- Athletes are to show respect to all other campers at the camp.
- Athletes are to keep their trash and personal items picked up during and after breakfast, lunch, dinner, and training sessions.
- Athletes will work in teams to keep camp clean, cook, and maintain daily camp needs.
- Zero tolerance drug and alcohol policy
- Athletes must remain at camp and cannot leave campsite at any time.

Any athlete not in compliance with these rules and the laws of the State of California is subject to being sent home immediately without a refund, and/or other disciplinary actions determined by Camp administrators, staff, and coaches. The Aztlan Athletics Foundation Sports Camp is a program that requires discipline and respect from all participants. If you agree to adhere to the above rules, sign below.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Things to bring

Please pack lean and only bring the necessities (One duffle bag or small suitcase, and a backpack per person).

The weather will be in the 80's – 90's during the day, and 60's at night.

- Toiletries and a towel
- Good pair of running shoes and/or trail shoes
- Water bottle and/or hydration pack
- Hat (warm days) or knit cap (cold days and evenings)
- Sweatshirt or windbreaker
- Sunscreen and insect repellent
- Bathing suit and sandals/water shoes (water activities)
- Enough clothes for each day of your outing (Lightweight clothing suggested)
- Journals, drawing pad, board games
- Flashlight and a camera
- Snacks (Granola, fruit snacks, pretzels, etc.)

# Emergency Action Plan

**Every facilitator, coach, and volunteer will have a cell phone and Walkie talkie to communicate with camp, as well as a whistle to make others aware of their location.**

Participants are not allowed to leave camp alone, they are required to always be in groups of 3-4 that includes a facilitator, coach, or volunteer.

Regardless of emergency, the facilitator, coach, or volunteer on scene will call in to notify camp, while at the same time determine if the emergency is minor, moderate, or severe.

## **Minor**

Cuts and bruises, minor sprains, insect bites

## **Moderate**

Allergic reaction, Heat exhaustion, nose bleed, dehydration

## **Severe**

Heart attack, seizures, head and neck injuries, heat stroke, severe sprains

1. In the event an emergency occurs, the facilitator, coach, or volunteer at the scene will notify camp and determine if the situation is minor, moderate, or severe.
2. Facilitator at camp will deploy first aid (minor) to emergency location, or call emergency services if needed (moderate or severe).
3. One person will always be at camp to serve as command central and communicate with any emergency services needed (Fire, police, ranger).

In the event someone is missing or lost, communication via walkie talkie and cell phone is recommended. Facilitators, coaches, volunteers, and group leads will have a whistle to make others aware of their location in order to receive assistance.

If additional assistance is required, rangers or police/fire department will be notified.