



Saint Louis University

Cross Country Camp

June 26-30, 2017

CAMP INFORMATION:

Saint Louis University is offering a summer cross country camp, which includes 5 days of training and instruction from the Saint Louis University Coaching Staff and current Billiken cross country runners. Runners will have an opportunity to run with and learn from Billiken runners that are former All-State runners from both Missouri and Illinois.

The camp will provide runners with an opportunity to experience what it is like to train and compete at the Division I level and will provide valuable experience about training, racing, nutrition and mental toughness.

DATES: Monday June 26th- Friday June 30th
LOCATION: Saint Louis University Track and Field Facility: 3320 Rutger St.
TIMES: Monday-Friday: 8am to 12:00pm
COST: \$200.00
AGES: Open to runners grades 7-12

REGISTRATION: Begins on **April 1st** on a first come, first serve basis

Camp size is limited to 50 participants, so early registration is recommended

****To Sign up Contact Coach Bradley directly: 314-882-1778 or email tbradle7@slu.edu**

Campers should wear proper running shoes and bring a bag, towel, water bottle and extra t-shirt.

We will also be doing various workouts during the week (see camp schedule) so runners are encouraged to bring racing flats or spikes.

For additional questions e-mail tbradle7@slu.edu

****All Saint Louis University Camps and Clinics are open to any and all entrants, and are only limited by number, age, gender, or grade level.***



Saint Louis University Cross Country Camp Schedule

June 26-30th, 2017

Monday, June 26th

Runner Check-In:	7:30-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run + Strides:	8:15-9:15am
Speaker Series: Counselors Q + A:	9:30-10:30am
Clinic: Hurdle Mobility	10:45-11:15am
Team Building Game: Ultimate Frisbee	11:15-11:45am
Cooldown + Stretch:	11:45-Noon

Tuesday, June 27th

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run: Hill Circuit + Relays	8:15-9:15am
Speaker Series: Coach Tim Bradley	9:30-10:30am
Clinic: Strength + Core	10:45-11:15am
Team Building Game: Capture the Flag	11:15-11:45am
Cooldown + Stretch:	11:45-Noon

Wednesday, June 28th

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run: Recovery Run	8:15-9:15am
Speaker Series: Coach Tim Bradley	9:30-10:30am
Clinic: Foam Rolling + Stretching	10:45-11:15am
Team Building Game: Kickball	11:15-11:45am
Cooldown + Stretch:	11:45-Noon

Thursday, June 29th

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run: "Pre-Meet Run"	8:15-9:00am
Speaker Series: Jacque Taylor (SLU)	9:30-10:30am
Clinic: Mental Training	10:45-11:15am
Team Building Game: Olympic Trivia	11:15-11:45am
Cooldown + Stretch:	11:45-Noon

Friday, July 30th

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Warmup for Time Trial	8:15-9:00am
Girls Time Trial: 2k	9:00-9:30am
Boys Time Trial: 3k	9:30-10:00am
Awards	10:15-10:45am
Lunch Social (food provided, parents welcomed)	11:00-Noon



Check Payable to: Coach Tim Bradley LLC
**Please send: registration, release/waiver form,
medical form, copy of insurance and payment to:**

Coach Tim Bradley
Assistant Cross Country Coach
Saint Louis University Cross Country
3330 Laclede Ave.
St. Louis, MO 63103

(You will receive email confirmation upon receipt of your registration, release/waiver form, and payment.)

Name: _____ Year of HS Graduation: _____

Address: _____

City, State: _____ Zip: _____

E-Mail: _____ Phone: _____

Current Personal Best: 800m _____ 1600m _____ 3200m _____ 5k XC _____

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SAINT LOUIS UNIVERSITY ATHLETIC CAMP
RELEASE AND WAIVER OF LIABILITY
CROSS COUNTRY

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above



sport and the camp. I understand that the coach recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his participating in the above named sport. I have advised the coach of any limitations on my child's/ward's activities for medical.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risk and, further, to waive, release, discharge and hold harmless the coach, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not substitute for my primary insurance and provides maximum coverage up to \$5,000 in accordance with the terms of the secondary insurance plan/policy.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

Date

Signature of Parent or Legal Guardian

MEDICAL INFORMATION

CAMPER NAME _____ CAMP DATES _____

CAMPER ADDRESS _____ DATE _____

CITY/STATE/ZIP _____



MEDICAL HISTORY (To be completed by parents)

- A. Allergy (drugs, food, asthma, etc.) Y____ N____
- B. Pre-Existing injury currently under treatment Y____ N____
- C. Medical conditions currently under treatment Y____ N____
- D. Birth Deformities (one eye, one kidney, etc.) Y____ N____
- E. Fractures or other disability type injuries Y____ N____
- F. Mental disorders or convulsion Y____ N____
- G. Known past illness for more than one week's duration Y____ N____

PLEASE INCLUDE AN EXPLANATION OF ANY QUESTIONS ABOVE ANSWERED "YES".

PHYSICIAN'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF DENTIST _____ PHONE _____

MEDICAL INSURANCE _____ POLICY # _____

ADDRESS OF INSURANCE COMPANY _____ PHONE _____

EMERGENCY INFORMATION

Parent or Guardian

(1) _____ PHONE(w) _____

PHONE(h) _____

(2) _____ PHONE(w) _____

PHONE(h) _____

EMERGENCY CONTACT _____

*** Please attach a front and back copy of your child's insurance card to this form.**
