



# ***Saint Louis University***

## ***Cross Country Camp***

### ***June 25-29, 2018***

#### **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 25<sup>th</sup>- Friday June 29<sup>th</sup>  
**LOCATION:** Saint Louis University Track and Field Facility: **3320 Rutger St.**  
**TIMES:** Monday-Friday: **8AM to 12:00PM**  
**COST:** \$225.00  
**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 [timothy.bradley@slu.edu](mailto:timothy.bradley@slu.edu)**

**Camper's 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 [timothy.bradley@slu.edu](mailto:timothy.bradley@slu.edu)

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



## ***Saint Louis University Cross Country Camp Schedule***

***June 25-29<sup>th</sup>, 2018***

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### **Monday, June 25<sup>th</sup>**

Runner Check-In:	7:30-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run: Hill Circuit	8:15-9:15am
Speaker Series: Counselors Q + A:	9:30-10:15am
Clinic: Hurdle Mobility	10:30-11:00am
Team Building Game: Ultimate Frisbee	11:15-11:55am
Closing and Athlete Departure	11:55-Noon

### **Tuesday, June 26<sup>th</sup>**

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	9:30-10:15am
Clinic: Strength + Core	10:30-11:10am
Team Building Game: Footgolf	11:15-11:55am
Closing and Athlete Departure	11:55-Noon

### **Wednesday, June 27<sup>th</sup>**

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run: Track Workout	8:15-9:15am
Speaker Series: Coach Flo: Freeburg HS	9:30-10:15am
Clinic: Foam Rolling + Stretching	10:30-11:10am
Team Building Game: Kickball	11:15-11:55am
Closing and Athlete Departure	11:55-Noon

### **Thursday, June 28<sup>th</sup>**

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Training Run: "Pre-Meet Run"	8:15-9:15am
Speaker Series: Jacque Taylor (SLU)	9:30-10:15am
Clinic: Mental Training	10:30-11:10am
Team Building Game: Olympic Trivia	11:15-11:55am
Closing and Athlete Departure	11:55-Noon

### **Friday, June 29<sup>th</sup>**

Runner Check-In:	7:45-8:00am
Introductions and Announcements:	8:00-8:15am
Pre-Race Pep Talk	8:15-8:30am
Warmup for Time Trial	8:30-9:05am
Girls Time Trial: 2k	9:05-9:30am
Boys Time Trial: 3k	9:35-10:00am
Awards & Lunch	10:30-11:30am



**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

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*(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 \_\_\_\_\_

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

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

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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".

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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 \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***

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

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