2013 BOILER TRACK & FIELD AND CROSS COUNTRY CAMP, LLC REGISTRATION FORM

All information on this form MUST be completed in order to guarantee a place in the camp.

REGISTER ONLINE AT PURDUESPORTCAMPS.COM

Full Marray
Full Name:
Address:
City:
State: Zip:
Home Phone: ()
School:
Grade (Fall 2013): Age:
Gender: ☐ Male ☐ Female
Printed Name of Parent/Legal Guardian (required)
Parent/Legal Guardian E-mail Address (required)
Roommate Name:
EVENT INTEREST AREA (Please circle one or more):
SPRINTS • HURDLES • POLE VAULT • HIGH JUMP • LONG JUMP
TRIPLE JUMP SHOT PUT DISCUS DISTANCE/CROSS COUNTRY
Adult T-shirt Size:
If you require an accommodation or special assistance for this camp due to a disability, please contact us at LHS@purdue.edu.
FEE
□ RESIDENTIAL \$435 □ COMMUTER \$400 □ TEAM \$390
Total Amount Enclosed:
Make check or money order payable to:
BOILER TRACK & FIELD AND CROSS COUNTRY CAMP.

RETURN THIS FORM WITH PAYMENT TO:

BOILER TRACK & FIELD AND CROSS COUNTRY CAMP, LLC P.O. BOX 1989 WEST LAFAYETTE, IN 47996

REGISTRATION DEADLINE IS JUNE 16, 2013



FOR MORE INFORMATION

For more information on registration and camp content, contact:

Toyinda Wilson-Long Phone: 765.494.3852 E-mail: LHS@purdue.edu

PURDUESPORTCAMPS.COM



CAMPSTAFF



ROLANDO GREENE SPRINTS AND RELAYS SPRINTS AND HURDLES



NORBERT ELLIOT



ALTHEA THOMAS SPRINTS



BERRY SHUMPERT VERTICAL AND HORIZONTAL JUMPS



KEITH McBRIDE THROWS



TOYINDA WILSON-LONG THROWS



DAVE HARTMAN DISTANCE

COLLEGIATE ATHLETES WILL ALSO BE ASSISTING.

CAMPFEATURES

- INSTRUCTION BY PURDUE COACHING STAFF IN YOUR CHOSEN EVENT AREA(S)
- WARM-UP EXERCISES
- DRILLS
- TECHNICAL SESSIONS
- NUTRITIONAL INFORMATION
- STRENGTH SESSIONS
- **CONSTANT FEEDBACK**
- T-SHIRTS PROVIDED
- AIR-CONDITIONED HOUSING
- LIVE-IN CAMP COUNSELORS
- **RANKIN TRACK & FIELD COMPLEX**
- **BOILERMAKER CROSS COUNTRY COURSE**
- TEAM DISCOUNT*

GENERAL**INFO**

REGISTRATION

Registration will be from 3-4 p.m. on Sunday, June 23. Campers may choose the residential or commuter option. Residential camp includes room and meals. Commuter campers will attend from 9 a.m. to 7 p.m. and will receive lunch and dinner. This camp is for boys and girls, entering grades 6-12. Campers are expected to attend planned sessions and to comply with the rules and regulations of Boiler Track & Field and Cross Country Camp.

Registration can be done online at purduesportcamps.com.

TEAM DISCOUNT

A team discount is available for five or more participants from one team or school. Group must register together to receive the discount. Each participant must complete the camper registration form and the physician's approval form. This discount will only be applied to the residential registration option.

CAMP REFUND POLICY

All refunds are subject to a \$40 processing fee. Refunds will be granted if the request is received in writing no later than Sunday, June 16, 2013.

EQUIPMENT

Each camper should wear comfortable work-out clothing (t-shirt, shorts, etc.) for each camp session. Additionally, campers should bring their own workout gear, including event specific shoes/spikes, and implements (poles, shots, discuses, etc.) if they have them. Mark all individual equipment so it can be identified easily.

HOUSING AND MEALS

Campers, counselors, and staff members will be housed in Windsor Residence Hall on the Purdue West Lafayette campus. Windsor is made up of five individual buildings. The camp will reside in an airconditioned building. Rooms are for double occupancy only; linens are provided. Campers will be assigned a roommate unless one is indicated on the registration form. Roommate requests must be mutual, and registration forms must be returned together. Meals will be provided.

MEDICAL CARE AND INSURANCE

Athletic Trainers are on duty during camp hours. They will provide immediate medial attention to anyone who is injured or becomes ill. They will also attend to general athletic training needs. The major hospitals in the area are all located within fifteen minutes of camp facilities. A licensed physician must sign the registration form (a school medical form signed no less than 12 months prior to camp is also acceptable). No medical forms will be returned. All registrations must include this in order to hold your space.

PARENTAL AUTHORIZATION

All information on this form must be completed in order to guarantee a place in the camp.

Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years) Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, IU Health Arnett, and St. Elizabeth Hospital medical personnel, agents and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations warranties, or quarantees can be made with respect to any medical care or treatment provided. I also understand that, as a result of my child's participation in this program, it will be necessary for supervisor's, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child. Further, I hereby grant permission for my child:

Minor's Name	Date
To attend the 2013 Boiler Track & Field and Cross Cobelow, a signature from one or both parents/legal gusignature is required.	
Signature of Parent/Legal Guardian (required)	
Signature of Parent/Legal Guardian/Witness (required	<u>(k</u>
PHYSICIAN APPROVAL	
I have examined: and found him/her to be healthy to compete in track and general recreational activities of his/her choosing Track & Field and Cross Country Camp.	
Medical Condition(s):	
Current Medication(s):	
Allergies:	
Date of Last Tetanus Shot:(If date is not supplied, child may be required to obtain a	a tetanus shot if injured.)
Physician's Signature:	
Phone:	
EMERGENCY CONTACT	
First Contact Name:	
Relationship to Participant:	
Day/Night Phone:	
Second Contact Name:	
Relationship to Participant:	
Day/Night Phone:	

Purdue University is an equal access/equal opportunity university