



UNIVERSITY OF DUBUQUE

Run the Day

Camp

Loyalty | Honesty | Work Ethic



One-Day Camp

January 22, 2017

Sunday from 9:00 a.m. - 1:00 p.m.
Check-in 8:30 a.m.

Camp Price

Early Registration: \$50 Per Person
Late/Day of Registration:
\$60 Per Person

What to bring

- Athletic Apparel
- Running Shoes
- Event Shoes/Spikes
- Water bottle
- Writing utensil (pen/pencil)

T-Shirt Provided

Camp Director

Chad Gunnelson
Camp Director & Director of
Track & Field | Cross Country
University of Dubuque
Mobile: 608-658-6538
Email: CGunnelson@dbq.edu



Event Education and Video Analysis

Camp Schedule

8:30 a.m.	Check In (Mercer-Birmingham)
9:00 a.m.	Classroom/Video Session
10:00 a.m.	Event Training Session
11:00 a.m.	Break/Snack
11:15 a.m.	Event Training Session
12:00 p.m.	Strength Training Education
12:45 p.m.	Cool Down/Recovery
1:00 p.m.	Dismissal

Camp Staff:

- Chad Gunnelson, Director of Track & Field | Cross Country
E: CGunnelson@dbq.edu M: 608.658.6538
- Geoff Gundlach, Head Cross Country Coach
E: GGundlach@dbq.edu M: 608.669.1115
- University of Dubuque Coaching Staff
- University of Dubuque Student-Athletes

How To Register:

REGISTER BY FRIDAY, JANUARY 13, 2017

**We will allow day of registration, but we ask that you PLEASE contact us prior to coming via email.*

**Shirt size is NOT guaranteed if registration is received after the deadline.*

Please fill out the registration form on the back and the Camp waiver, return with fee via mail to the address provided below.

It is very important to write legibly and include all information requested. Please note, we will accept day of registration but prefer that you register early or contact us prior to attending.

MAKE CHECKS PAYABLE/MAIL TO:

University of Dubuque
ATTN Karla Weber
2000 University Avenue
Dubuque, IA 52001



Registration Form

University of Dubuque 2016 Run the Day Camp - January 22, 2017

First Name: _____ Last Name: _____ DOB: _____

Home Address: _____ Gender: M / F

City/State/Zip: _____

Athlete Cell: _____ Parent/Emergency Contact Number: _____

Email Address: _____ High School: _____

EVENT PARTICIPATING IN: DISTANCE/XC

Unisex T-Shirt Size (choose one): S M L XL XXL XXXL

Attending Visit Day (optional): Yes No

Payment: Cash \$ _____ Check \$ _____ Check Number # _____

University of Dubuque (UD) – Hold Harmless/Waiver/Release of Liability

Each participant's parent/guardian must complete this form prior to their son/daughter's participation in this UD activity. Please read this form carefully and be aware that you will be waiving and releasing all claims for any injury/illness sustained during this activity by your son/daughter.

- As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the camper as well as permission to transport to a medical facility in the event of injury.
- The University of Dubuque does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.
- In consideration for the participant's involvement in the UD above named activity, I agree to assume all risk and fully release from all liability UD, members of the University community, its directors, officers, trustees, agents, servants and employees for any injuries including death, damages or loss of severity which my child may sustain as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.
- I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child stemming from or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

I certify by signing the Hold Harmless/Waiver/Release of Liability Agreement that I agree to ALL terms listed above.

Parent/Guardian Name (PRINT PLEASE): _____ Date Signed: ____ / ____ / ____

Parent/Guardian Signature (REQUIRED): _____

Mail form AND waiver to:

University of Dubuque, Attn: Karla Weber, 2000 University Avenue, Dubuque, IA 52001