One-Day Camp
Sunday from 9:00 a.m. - 1:00 p.m.
Check-in 8:30 a.m.
December 20, 2015

Camp Price
$50 Per Person
Groups of 4 or more - $10 off per person

What to bring
- Athletic Apparel
- Running Shoes
- Event Shoes/Spikes
- Implements (indoor shots/discs)
- Pole vault poles
- Water bottle
- Writing utensil (pen/pencil)

T-Shirt Provided

Camp Director
Kate Striepe
Director of Operations
Track & Field | Cross Country
University of Dubuque
Office: 563.589.3714
Email: KStriepe@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
- Jake Malm, Throws Coach, Recruiting Coordinator
  E: JMalm@dbq.edu  M: 701.739.1274
- Evan Zurbuchen, 400M and Hurdle Coach
  E: EZurbuchen@dbq.edu  M: 608.332.9926
- Davivorn Dowe | Sprints Coach
- Rick Valcin | Pole Vault Coach

REGISTER BY MONDAY, DECEMBER 14, 2015
*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.

How To Register:
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 2015 Holiday Track Camp

First Name: ____________________________ Last Name: ____________________________ Age: ______

Home Address: ___________________________________________________________________

City/State/Zip: ___________________________________________________________________

Athlete Cell: ____________________________ Parent/Emergency Contact Number: __________

Email Address: ____________________________ High School: ____________________________

EVENT PARTICIPATING IN (choose one only): SPRINTS JUMPS HURDLES VAULT THROWS DISTANCE

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

Please list athletes attending if you’re using group discount:

1. ___________________________________________________

2. ___________________________________________________

3. ___________________________________________________

4. ___________________________________________________

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

Each participant’s parent/guardian must complete this form prior to their son/daughter’s participation in the UD Holiday Track Camp. 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 indemnity 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