

2019 University of South Dakota Track & Field Summer Camp



Overnight Distance Camp

July 11 & 12, 2019 | Lillibridge Track Complex | Grades: 6-12

SCHEDULE:

July 11

8 a.m - 9:30 a.m	Overnight Camper Registration
9:30 a.m. - Noon	Session #1
	Distance - Session #1
Noon - 1 p.m.	Lunch Provided for Overnight Campers
1:30 p.m. - 2 p.m.	Light Group Warm-up & Core Work
2 p.m. - 4:30 p.m.	Session #2
	Distance - Session #2
5 p.m. - 6 p.m.	Dinner for Overnight Campers
6:30 p.m. - 9 p.m.	Camp Activity
9 p.m. - 10 p.m.	Free Time
10 p.m.	Lights Out

July 12

8 a.m. - 9 a.m.	Breakfast For Overnight Campers
9:30 a.m. - Noon	Session #3
	Distance - Session #3
Noon - 1 p.m.	Lunch Provided for Overnight Campers
12:30 p.m. - 1:30 p.m.	Overnight Camper Check Out
1:30 p.m. - 2 p.m.	Light Group Warm-up & Core Work
2 p.m. - 4:30 p.m.	Session #4
	Distance - Session #4
4:30 p.m.	Camp is Done

TO REGISTER:

Send forms to

University of South Dakota

Outdoor Track Camp

414 E Clark St, Vermillion, SD 57069

Or fill out online at

trackandfield.goyotescamps.com

CONTACT:

A.G. Kruger III

USD Track and Field Camp Director

Ag.krugeriii@usd.edu

419-606-0919

Registrations will be at the track shed, south of the outdoor track.

Have to be pre-registered by July 8.

No walk-ups for overnight camp.

Please bring a water bottle, sunscreen, & training gear.

Bring linens, towels, toiletries, & fan for dorm room.

REGISTRATION FORM

July 11-12 Overnight Distance Camp (\$250)

Child's Name: _____ Age: _____ Phone: _____

Address: _____ Email: _____

I hereby certify that the South Dakota Track & Field Clinic Staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The South Dakota Track & Field Clinic and the University of South Dakota shall not be held responsible for any consequence resulting from such injuries.

I declare that I am the parent/guardian (circle one) of the above named minor.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in _____

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.
4. We agree that the university may take photos and video of campers participating in activities for promotional purposes.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT MAY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Guardian Signature: _____ Date: _____

Cost Paid in Full make checks payable to USD Track & Field

USD sports camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender). If you are a person with a disability and need special accommodation to fully participate in any university activity or event contact Disability Services at 605-677-6389 as soon as possible, but not later than 48 hours before the event so that appropriate arrangements may be made.