



cascadedistancecamp@gmail.com

CASCADe DISTANCE CAMP BUILDING PEAK PERFORMANCE

*June 27-July 2, 2011 @ Camp Cascade
33806 North Fork Road, Lyons, Oregon*

CAMP INFO

CAMP STAFF

Led by Coach Kelly Strong (Cal Poly), the camp will include elite college & professional coaches, distance runners, and counselors. The tentative list of speakers/counselors includes Nick Symmonds (OTC), Frank Gagliano (Nike Coach), Mark Rowland (OTC), Rob Conner (University of Portland), and several others to come...

CAMP SPECIFICS

Camp Objective-Cultivate individual and group growth through daily activities that celebrate as well as challenge each camper's abilities in running and team activities. All campers must be entering high school in Fall 2011.

Running-Develop mechanics and training through instruction based in drills, core, training philosophy that will fall in line with building an excellent summer base. In Lyons, Oregon, we will have access to wonderfully scenic trails that will leave each camper with a great week of training but also fresh legs to begin their summer of training

Group Activities-In an innovative environment, each team will be challenged through the week to coordinate activities that will challenge everyone's discipline, character, creativity, and ability to work in a group, through activities such as a river boat race, team skits, obstacle challenges, running trivia, and also team orienteering/scavenger hunt

Camp Talks-We will have on hand some of the most inspirational and insightful people in the world of running, that we hope will impart wisdom and encouragement to each camper, ranging in subject from personal development to building a championship team

Camp Location-Located in beautiful Lyons, Oregon, Camp Cascade provides bunk style cabins, great training/camp grounds, a pond, a river, and plenty of opportunities for an excellent camp experience

CAMP SCHEDULE

**A typical day at Camp Cascade will include scenic runs, awesome individual/team challenges, home cooked meals on site, and an opportunity to connect with a top notch staff aimed at providing a memorable week for each and every camper. Here is an example of a typical day at Cascade Distance Camp

****Check-In is 8:00am-10:00am, Monday June, 27, 2011 & Pick-Up is Saturday July 2, 2011 at 12:00pm**

7:00am-Morning Run on Camp Cascade Grounds

8:00am-Breakfast

9:00am-Camp Talk on Individual Improvement

9:30am-Morning Challenge

11:00am-Down time

12:00pm-Lunch

1:30pm-Camp Talk on Team Concepts

3:00pm-Running Challenge at North Fork Trail

6:00pm-Dinner

7:30pm-Guest Speaker, for example Mark Rowland, OTC

"Being Individual in Team Pursuits"

8:30-9:30pm-Camp Fire Talks/Down Time

10:00pm-Lights Out

CAMP PACKING LIST-Check Each Box Before Coming to Camp! Campers must have all items!

- Running Gear**-Shoes, Shorts, Shirts-Short & Long, Pants (Required for morning run), Gloves, Hat, Stocking Cap
- Camp Gear**-Toothpaste, toothbrush, shampoo, soap, deodorant, towel (s), sunscreen, chap stick, sleeping bag/sheets & cover, pillow, trash bag,small backpack/spike bag,32oz water bottle, books (reading is good), warm clothes, rain gear (it may rain)
- Tradeable Gear**-If you like, bring apparel from your high school/closet and perhaps swap with a fellow camper at end of the week

www.cascadedistancecamp.com



2011 CASCADe DISTANCE CAMP APPLICATION

1. All information provided below that is followed with an asterisk (*) must be filled out. All other information is optional.
2. **Cost for the camp is \$450, which includes lodging, meals, and camp apparel for the week**
Send application, current physical form & medical release with a non-refundable \$150 Deposit to reserve your space by May 27, 2011.
**If you pay in full & cannot attend camp for whatever reason, you are entitled to a refund minus the deposit.
**Forms of payment that are accepted are money orders and checks.
3. Each applicant must be entering high school in Fall 2011!!
4. Check boxes at bottom to indicate application, current physical, medical form, and deposit are included and mailed to:

Cascade Distance Camp, 11056 SW Brown St., Tualatin, OR 97062

Information in **With *** are Required Fields

Name * _____ Birthday * ___/___/___ Sex *: Male _____ Female _____

Address * _____ City* _____ State * _____ Zip Code * _____

Camper Email* _____ Camper Shirt Size* _____ Camper Year in School (Fall 2011)* _____

High School* _____ Coach Name* _____ Coach Email _____

Personal Running Bests (We just want to get to know you and also assign appropriate spots in camp according to your running experience. Please list highlights for cross-country/track & field)*

Name of parent(s) and/or guardian (s) * _____

Home/Cell Phone *(_____) _____ Parent's Cell *(_____) _____ Alternate Phone *(_____) _____

Email address (es) for camp notification* _____

Camper Signature* _____ Parent/Guardian Signature* _____

In consideration of the application I, the above signed, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against officials of Cascade Distance Camp for any and all injuries suffered as a result of participation at this camp. I further attest and verify that I am physically fit and have sufficiently trained to participate in all events, and that my private health insurance will cover any medical or hospital expenses I incur as a result of illness or injury. As an adult applicant, or the legal guardian of a minor applicant, I give permission for myself (or the minor child) to be treated by a doctor if needed. Finally, I commit myself to giving 100 percent in both physical effort and communication regarding my abilities at camp in order to provide the best camp experience for myself and for my fellow campers!



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**2011 CASCADE DISTANCE CAMP
MEDICAL/INSURANCE/RELEASE FORM**

**FORM MUST BE FULLY COMPLETED
RETURNED WITH APPLICATION AND MOST CURRENT PHYSICAL FORM
(You will not be admitted to camp without this form completed and signed)**

Name _____ Date of Birth: _____ Height ____ Weight: _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Cell Phone () _____ Parent/Guardian Home Phone () _____

Alternative Emergency Contact _____ Emergency Contact Phone Number () _____

Vegetarian menu: Yes ____ No ____ Any allergies to food items: Yes (list items) _____ No _____

If the camper will be taking medication at camp, please indicate condition and prescription:

Please identify any medical condition or medical history that would require special attention:

HEALTH INSURANCE INFORMATION

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

I, the parent/guardian of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby certify that the named camper is in good health, adequately trained, and fully able to participate in all activities at Cascade Distance Camp 2011. I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation at Cascade Distance Camp 2011. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at Cascade Distance Camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signed _____ Date _____

**APPLICATION CHECK LIST TO BE ENCLOSED IN ENVELOPE AND MAILED TO:
Cascade Distance Camp, 11056 SW Brown St., Tualatin, OR 97062**

APPLICATION ____ MEDICAL RELEASE FORM ____ CURRENT PHYSICAL ____ CAMP DEPOSIT ____