

# ST. NORBERT

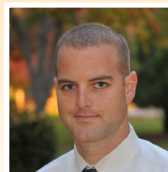
## TRACK & FIELD



### Camp Director

## Don Augustine

### Head Track & Field Coach



Don Augustine enters his 15th year as a collegiate-level head coach. His athletes have qualified for the NCAA National Championships every

season since 2004, and he coached three consecutive 800-meter NCAA national champions. A standout middle-distance runner himself in college, Augustine has had athletes break and re-break more than 60 school records and set 10 conference meet records.

## Cross Country Camp

**July 25-28, 2018 • Grades 7-12**

Overnight camp

### Middle-Distance/Distance Running

Improve your running technique, boost your performance and learn how to stay healthy and injury-free at St. Norbert College's middle-distance/distance running camp! Let our camp coaches and staff prepare you for a standout season.

Space is very limited at this residential, overnight camp in order to provide personal attention to each athlete. Don't delay; register now!



### Camp Staff

## Colin McKean

### Assistant Coach

Working for the seventh year with St. Norbert runners, McKean was a standout during his college days as a Green Knight, winning the national 800-meter championship in 2004. In addition to his coaching duties, he runs all of the injury-prevention programs for the college's runners.

## Counselors

### Current St. Norbert athletes

Green Knights runners with a combined nine All-American performances and more than 15 school records will provide their perspectives on being a college student-athlete, and they'll help attendees with training throughout camp.

In addition, representatives from **Prevea Sports Medicine** will conduct Dartfish video-movement analysis, discuss sports nutrition and demonstrate strength exercises.

## Cross Country Camp

# REGISTRATION

Register online at: [www.stnorberttrackandfieldcamps.com](http://www.stnorberttrackandfieldcamps.com)

Boys and girls in grades 7-12 are invited to participate in this valuable developmental opportunity!

*Please print clearly.*

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Last Name, First

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Address

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City

State

ZIP

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Home Phone

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Cell Phone

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Email

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High School

Graduation Year

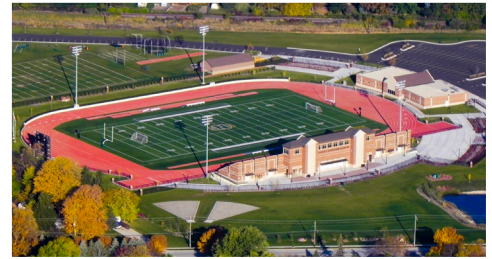
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Events/Personal Bests

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T-Shirt Size

**Please complete the required insurance form found on the next pages and return it with this registration, or register online at [www.stnorberttrackandfieldcamps.com](http://www.stnorberttrackandfieldcamps.com).**



**Send completed registration form and \$100 non-refundable deposit (payable to St. Norbert College Cross Country) to:**

St. Norbert Cross Country Office  
Mulva Family Fitness & Sports Center  
100 Grant St.  
De Pere, WI 54115

**Cost of camp: \$325**

**Team discount:** four or more athletes from the same high school (registering simultaneously **by mail only** with check): \$280 per person

Registration includes a technical running shirt and entry into the ninth annual Lambeau 5K run (pending suitable race date)

**A non-refundable \$100 deposit must accompany all registrations.**

## ADDITIONAL INFORMATION:

Please contact Don Augustine at [don.augustine@snc.edu](mailto:don.augustine@snc.edu) or 920-403-3456.



**St. Norbert College, Inc.**  
**Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement**  
**SNC Track & Field Cross Country Overnight Camp**  
**July 25-28, 2018**

I, the undersigned participant/parent, request voluntary participation for my minor (hereinafter referred to as "Camper") to participate in the St. Norbert College Track & Field Cross Country Camp (middle distance/distance running training) by St. Norbert Coaching Staff, sleeping in a college dorm room with supervision, eating meals on campus and, movement analysis, sports nutrition discussion and strength exercise demonstrations by Prevea Sports Medicine) occurring July 25-28, 2017, which is hereinafter referred to as the "Activity".

**CONSENT:** I consent to "Camper"s participation in the "Activity" and acknowledge that "Camper" and I fully understand "Camper"s participation may involve risk of serious injury or death, including losses which may result not only from "Camper"s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the "Activity" is being conducted, and/or the rules of this type of event or "Activity". **I understand that if I have any risk concerns, I should discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before the activity begins.**

**CONCUSSION:** I, the undersigned, have read the Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors along with the importance of reporting a suspected concussion that occurs during the "Activity". I understand that "Camper" must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a concussion is suspected. I understand that anyone suspected of a concussion cannot return to practice/play until providing the camp written clearance from an appropriate health care provider. I understand the possible consequences of a camper suspected of a concussion returning to practice/play too soon

**CERTIFICATION OF HEALTH STATUS AND INSURANCE COVERAGE:** I certify that "Camper" is in good health and has no physical condition that would prevent participation in the "Activity". Furthermore, I agree to use "Camper"s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required, and I acknowledge that I am responsible for all related costs.

**RELEASE FOR MEDIA/PRESS COVERAGE:** I agree that photographs, pictures, slides, movies, video, or other media coverage of "Camper" may be taken in connection with "Camper"s participation in the "Activity" without compensation from St. Norbert College, the Premonstratensian Fathers, their officers, employees, and agents of each of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

**ASSUMPTION OF RISKS:** Participation in the "Activity" can be dangerous and carries with it certain inherent risks, such as but not limited to being hit or struck by equipment; falling while running and pole vaulting, contact during fall with mats and the ground, that cannot be eliminated regardless of the care taken to avoid injuries. Although the risk of injury is low during the activity, there are still risks. These risks range from, but are not limited to (1) minor injuries such as slips, falls, cuts, scratches, bruises and sprains, (2) major injuries such as eye, joint or back injuries, fractures, concussions, heart attacks, heat stroke, and concussions, (3) catastrophic, life-altering injuries including paralysis, to (4) death. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with "Camper"s participation in the "Activity".

**WAIVER/INDEMNITY:** In consideration of "Camper"s participation in the "Activity", I hereby waive all claims or causes of action against St. Norbert College, Inc., the Premonstratensian, their Officers, Directors, employees and agents, arising out of "Camper"s participation in the activity and hereby release, hold harmless, and discharge St. Norbert College, Inc., the Premonstratensian Fathers, their officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage

**Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement  
 St. Norbert College Track & Field Cross Country Camp  
 July 25- 28, 2018  
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**WAIVER/INDEMNITY (continued):**

which was caused by the sole negligence or willful misconduct of St. Norbert College, Inc., the Premonstratensian Fathers, their officers, employees, representatives and volunteers, and the officers, directors, employees and agents of each of them. I agree I am financially responsible for any losses resulting from "Camper"s actions and will indemnify St. Norbert College, Inc., the Premonstratensian Fathers, their officers, directors, employees and agents of each of them, for any loss or damage caused by myself/minor during the "Activity".

**SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against St. Norbert College, Inc., the Premonstratensian Fathers, their officers, directors, employees and agents of each of them is knowingly given up, except for such loss or damage which was caused by the sole negligence or willful misconduct of St. Norbert College, Inc., in return for allowing "Camper"s participation in the "Activity". My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

**Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.**

\_\_\_\_\_  
 Emergency contact name (print) (Area code) Phone number

\_\_\_\_\_  
 (Area code) Phone number

Relationship to the Camper

List Physician Name and Phone Number below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List known allergies and any other medical/prescription information you request be released to SNC and emergency medical providers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN WITNESS WHEREOF,** I have executed this affirmation and release at De Pere, WI on the date below:

\_\_\_\_\_  
 Parent's signature (required) date

\_\_\_\_\_  
 Camper's signature (required) date

\_\_\_\_\_  
 Camper's Name (print) (Area code) Phone number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State Zip

**WITNESS (must be at least 18 years old)**

\_\_\_\_\_  
 Signature date