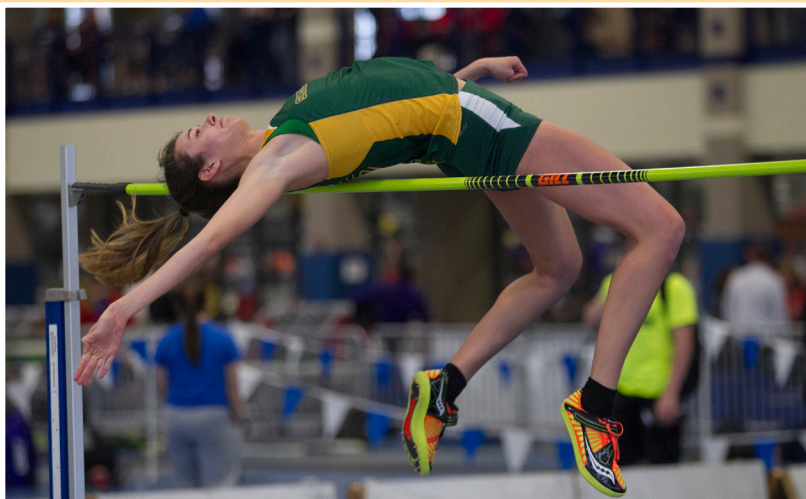


# ST. NORBERT

## TRACK & FIELD



## SUMMER Track & Field Camp

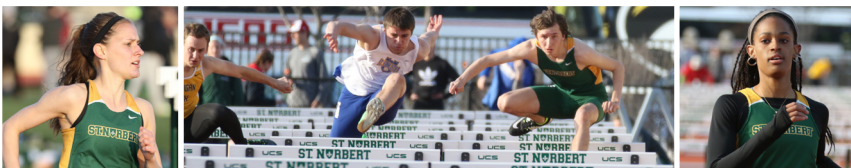
July 9-12, 2018 • Athletes in grades 7-12  
6-8 p.m. at Donald J. Schneider Stadium

### Train with SNC coaches and athletes

The St. Norbert College Track & Field Camp helps young athletes develop their skills, prepare for their upcoming season and take their performance to the next level.

Led by St. Norbert College coaches and working directly with SNC varsity athletes, camp participants will choose from technique sessions in sprints, jumps, hurdles, pole vault and throws. Each camper will receive individualized attention in his or her chosen events, and, through technique analysis, each will get specific tips on how to turn weaker areas into strengths.

Registration deadline is July 7. Register by July 1 and receive a \$10 discount!



### Camp Director

## Don Augustine

### Head Track & Field Coach



Don Augustine is in his 15th year working as a collegiate-level head coach. He has had athletes qualify for the NCAA National Championships every season since 2004, including three consecutive NCAA National Champions in the 800-meter run.

## Elizabeth Krug

### Assistant Track & Field Coach

Elizabeth Krug is in her first year as the St. Norbert College assistant coach for track and field. Previously, Krug coached 11 Liberty League champions and one All-American at St. Lawrence University in Canton, N.Y.

## Camp Counselors

### Current SNC Athletes

Green Knight track and field team members will provide hands-on coaching in all camp events.

### Camp Schedule

The camp will be held 6 to 8 p.m. each day at Donald J. Schneider Stadium. In order to receive maximum benefit, athletes should plan on attending all four days.

#### July 9, July 10 and July 11

6-6:15 p.m. Introduction  
6:15-6:30 p.m. Warm-up (jog, stretch, dynamic)  
6:30-7:15 p.m. Technique in Event 1  
7:15-8 p.m. Technique in Event 2

#### July 12

6-6:15 p.m. Warm-up (jog, stretch, dynamic)  
6:30-7:45 p.m. Summer meet  
7:45-8 p.m. Awards ceremony and closure

## Summer Track & Field Camp

# REGISTRATION

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

Athletes in grades 7-12 are invited to join the St. Norbert College coaching staff for four days of skills development!

*Please print clearly.*

\_\_\_\_\_  
Last Name, First

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
High School Graduation Year

\_\_\_\_\_  
Personal Bests

\_\_\_\_\_  
T-Shirt Size

### Please indicate your preferred event area:

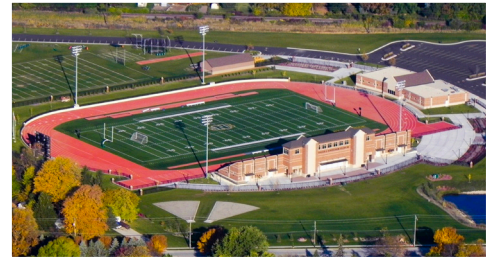
1st Choice:

- Throws\* (limit 10 athletes)
- Pole Vault\* (limit 10 athletes)
- Sprints (limit 20 athletes)
- Hurdles (limit 15 athletes)
- Triple/Long Jump (limit 12 athletes)
- High Jump

2nd Choice:

- Throws\* (limit 10 athletes)
- Pole Vault\* (limit 10 athletes)
- Sprints (limit 20 athletes)
- Hurdles (limit 15 athletes)
- Triple/Long Jump (limit 12 athletes)
- High Jump

\*Responsible for bringing poles/throwing implements



**Please complete the required insurance form found on the next pages and return it with this registration.**

**Send completed form and check**

payable to St. Norbert College Track & Field to:  
St. Norbert College  
Mulva Family Fitness & Sports Center  
100 Grant St.  
De Pere, WI 54115

**Cost:** \$90; \$80 if you register before July 1

Groups of three or more, before July 1: \$65 per person (registrations must be sent together)

### **ADDITIONAL INFORMATION:**

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 Camp**  
**July 9-12 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 Camp occurring on July 9-12, 2018, 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 Fathers, 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 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,

**Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement**

**St. Norbert College Track & Field Camp**

**July 9-12, 2018**

**Page 2**

**WAIVER/INDEMNITY (continued):**

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