

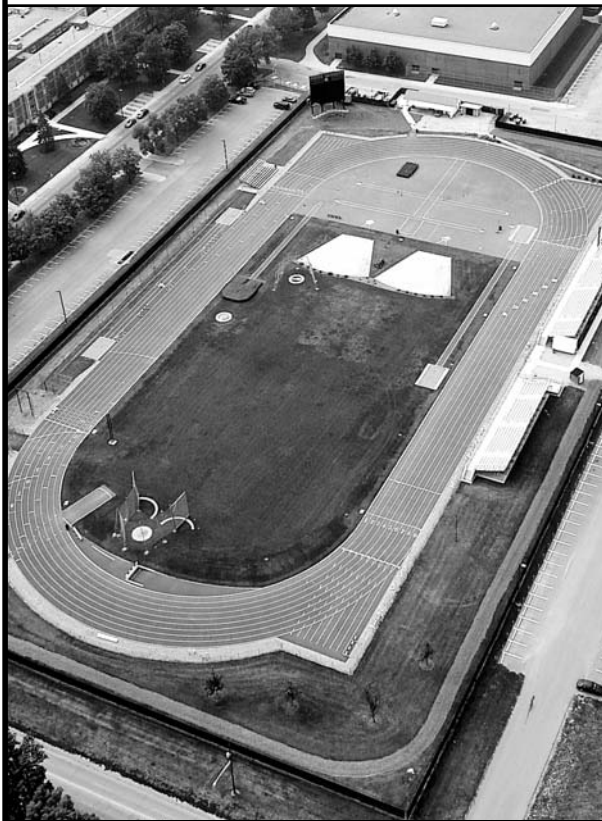
# 2010 Purdue Track and Field Camp

**June 21-24**

**Boys and Girls**

**Ages 12-18**

**ALL SKILL LEVELS WELCOME**



**Rankin Track and Field Complex**

## **Camp Director Jack Warner**

Before accepting the job at Purdue, Jack Warner spent 12 years at Ohio State as a track and field coach. Warner's main area of responsibility was with male and female jumpers, but he also assisted with cross country/distance runners and throwers.

"Jack Warner has had the ideal on-the-job training to be the Purdue head coach, almost since he was a youngster," said athletics director Morgan Burke, alluding to Warner's days as a boy, when his father was the Cornell University track and field coach.

### **Additional Coaching Staff:**

#### **Purdue Assistant Coaches:**

**Mike Stevenson** – Sprints and Hurdles

**Monica Gary** – Sprints and Hurdles

**Ross Richardson** – Throws

#### **Guest Coaches:**

**Wayne Bennett** – Boys Throws Coach, Johnsburg High School, Johnsburg, Illinois

**Wayne Clark** – MF Athletic Company; former coach, Zanesville High School - Hurdles

**John Fourtney** – Head Boys Track and Strength Coach, Windsor High School, Imperial, Missouri

**Dr. Jeff Williams** – Sports physician, nutritionist

*Purdue track and field athletes will be on hand to assist with events.*

## **2010 Purdue Track and Field Camp**

**Boys and Girls ages 12-18 • June 21-24** (all ages and skill levels)

**Camp fee: Resident \$380 • Commuter \$355**

Stronger, faster, farther, higher! For those wanting to make the most of their training and track season, the Purdue Track and Field Camp can help. Purdue coaches will introduce proper techniques to help you fine-tune your performance. You will be taught a variety of warm-ups, strength training exercises, and drills specific to your event area. This strong base will help as you work into technical training, followed by a video analysis with your coach. We will help you build upon your strengths and identify areas to work on to reach a higher level of competition. You will be developed as the "complete athlete" as you learn about sports psychology, nutrition, and strength training.

Camp will be held at the Rankin Track and Field Complex, on Purdue's West Lafayette campus.

Those attending this camp will experience an educational experience in a sport requiring discipline, determination, perseverance, and hard work.

### **Camp Features**

- Instruction by Purdue track and field coaches in your chosen event area(s)
- Warm-up exercises
- Drills
- Technical sessions
- Analysis by event coach
- Nutritional information
- Sports psychology
- Classroom instruction
- Video analysis
- FUN!

## GENERAL INFORMATION

### Cost and Registration

Registration will be from 1 to 2 p.m. on Monday, June 21. Campers may choose the residential or commuter option. Residential camp includes room and meals. Commuter campers will attend from 9 a.m. to 9 p.m. and will receive lunch and dinner. This camp is for boys and girls, ages 12-18.

A \$30 late fee will be charged if payment is not received by the registration deadline of June 11. Full refunds will be granted if the request is received in writing one week prior to the start of camp. Purdue University is not responsible for costs incurred due to cancellation.

Campers are expected to attend planned sessions and to comply with the rules and regulations of Purdue University and Purdue Summer Sports Camps.

### Location

The camp will be held at the Rankin Outdoor Track and Field Complex, located at the corner of North Intramural Drive and Stadium Avenue, in West Lafayette, Indiana.

### Equipment

Campers should wear comfortable work-out clothing (t-shirt, shorts, etc.) for each camp session. Additionally, campers should bring their own workout gear, including event shoes/spikes, and implements (poles, shots, discuses) if they have them. Mark all individual equipment so it can be identified easily.

### Housing and Meals

Campers, counselors, and staff members will be housed in Cary Quad Residence Hall on the Purdue West Lafayette campus. Rooms are for double occupancy only; linens are provided. Athletes will be assigned a roommate unless one is indicated on the registration form. **Roommate requests must be mutual, and registration forms must be returned together.** Meals will be provided.

### Medical Care and Insurance

Medical needs will be administered through the Purdue University Student Health Center, located close to Mackey Arena, or by a member of Purdue's athletic training staff. All campers are covered by a blanket insurance policy covering injuries sustained at camp, up to a maximum of \$15,000 and, in most cases, \$10,000 maximum coverage for illness. Coverage does not extend to preexisting conditions. This coverage does not replace personal health insurance. A licensed physician must sign the registration form (**a school medical form signed no more than 12 months prior to camp is also acceptable**). **No medical forms will be returned.** All registrations must include this in order to hold your space.

### For More Information

For information on registration, contact:

Lindsay Roberts, Conference Division

Phone: (765) 494-1898 or (800) 319-2197

Fax: (765) 494-0567; E-mail: begleyl@purdue.edu

For information on camp content, contact:

Jack Warner, head coach

Phone: (765) 494-1584; E-mail: jwarner@purdue.edu

Check out our Web sites at:

[www.conf.purdue.edu/camps](http://www.conf.purdue.edu/camps)

[www.purduesports.com](http://www.purduesports.com)

Registration Form

7549-10YR-LR

## 2010 Purdue Track and Field Camp

All information on this form **MUST** be completed in order to guarantee a place in the camp.

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

School \_\_\_\_\_

Grade (Fall 2010) \_\_\_\_\_ Age \_\_\_\_\_

Gender  Male  Female

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian (required)

\_\_\_\_\_  
Parent/Legal Guardian E-mail Address – REQUIRED

Roommate Name \_\_\_\_\_  
(Must be mutual. Applications must be returned together. Double occupancy only.)

### Event Interest Area, *please circle one or more:*

Sprints • Hurdles • Pole Vault • High Jump

Long Jump • Triple Jump • Shot Put • Discus

Adult T-Shirt Size:  S  M  L  XL  XXL

I require auxiliary aids and services due to a disability.

Please contact me at the above address.

Fee \_\_\_\_\_ Resident \_\_\_\_\_ Commuter \_\_\_\_\_

Track and Field Camp June 21-24  \$380  \$355

If registered after June 11, late fee is \$30

Total Enclosed \$ \_\_\_\_\_

Payment Method *Payment is required upon submission of registration.*

Send check or money order payable to **Purdue University** or charge

to (check one):  MasterCard  VISA

Discover  American Express

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Duplicate this application as needed and return to:

CEC Business Services

Purdue University

Stewart Center, Room 110

128 Memorial Mall

West Lafayette, IN 47907-2034

Fax: (765) 494-0567

*Purdue University is an equal access/equal opportunity university.*

## PARENTAL AUTHORIZATION

All information on this form **MUST** be completed in order to guarantee a place in the camp.

**Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years)**

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, St. Elizabeth Hospital East, and Clarian Arnett Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child:

\_\_\_\_\_  
Minor's Name \_\_\_\_\_ Date \_\_\_\_\_

to attend the 2010 Purdue Track and Field Camp by signing below. **A signature from one or both parents/legal guardians and a witness signature is required.**

\_\_\_\_\_  
Signature Parent/Legal Guardian (required)

\_\_\_\_\_  
Signature Parent/Legal Guardian/Witness (required)

## PHYSICIAN APPROVAL

I have examined \_\_\_\_\_ and found him/her to be healthy to compete in track and field and general recreational activities of his/her choosing during the 2010 Purdue Track and Field Camp.

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

(If date not supplied, child may be required to obtain a tetanus shot if injured.)

Physician's Signature \_\_\_\_\_

Phone \_\_\_\_\_

## EMERGENCY CONTACT

Contact First - Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

Contact Second - Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_