



## JOIN US FOR FUN AND TRAINING

Monday 7/10/17 – Friday 7/14/17

9:00 a.m. - 2:00 p.m.

## AT THE ST. JOHN THE BAPTIST RUNNING CAMP



**Open to Boys and Girls entering 8<sup>th</sup>-12<sup>th</sup> Grade - \$275 per camper**

**Under the direction of Coach David Wood**

**The Boys and Girls Cross Country and Track & Field Head Coach**

### Coach Wood's Camp Objectives:

This camp is designed to teach runners the tools they will need in developing speed and endurance, and to help these athletes understand how and why these tools work. There will be a concentration on running form, race strategy and having a plan for the rest of the summer. All of this is to better prepare the athletes for their upcoming season.

### What A Typical Day Of Camp Resembles:

**9:00 am Warm-up:** The warm-up includes light jogging, skip drills, form/speed drills and active stretching.

**10:00 am Main workout of the day:** This will be done on the SJB track or 1 mile east of SJB at Gardiners Park or the runners can be bussed to the running paths in Babylon Village.

**11:20 am Lunch:** In the Air-Conditioned Cougar Café. Lunch is provided or the campers can bring their own.

**12:00 pm Classroom:** Lecture's and videos on all aspects of training.

**1:00 pm Workout #2:** Active learning of strength and agility drills, speed-work, core-work, relays and games.



**Follow the team at [WWW.COACHWOOD.ORG](http://WWW.COACHWOOD.ORG)**

Campers Name: \_\_\_\_\_ Grade as of Sept. 2017: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



Mail to: St. John the Baptist DHS 1170 Montauk Hwy West Islip, NY 11795

*(Complete both sides of this form & return with your payment)*

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade as of 9/17: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Emergency Contact #1: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Permission release: I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to an emergency room for treatment of any illness/injury resulting from his/her participation.

\_\_\_\_\_  
Parent/Guardian Signature Date

### **MEDICAL RELEASE FORM**

**Return your application now to reserve your spot.  
(The Medical Release form may be sent separately)**

Date of last Physical: \_\_\_\_\_

I certify that this child is physically fit to participate in St. John the Baptist Sports Camp without restrictions.

\_\_\_\_\_  
Signature of Physician Date

Is the child is taking medication at this time? \_\_\_Yes \_\_\_No

If yes, list medications here: \_\_\_\_\_

Is there anything else concerning health of this child that the Athletic Trainer should know in order to meet his/her needs? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_