



**Michigan State University**

# **Track and Field Camp**

## **Resident and Commuter Camp**

**2009 Date:  
July 12-16**

**Camp with the Spartans and learn from well respected coaches:**

- Coach Chris Bostwick-Jumps
- Coach Randy Gillon-Sprints/Hurdles
- Coach John Newell-Throws
- Coach Melanie Rhoden-Sprints/Jumps

**For more info about the coaches and our program, visit [www.msuspartans.com](http://www.msuspartans.com)**

**To register online go to: [www.sportcamps.msu.edu](http://www.sportcamps.msu.edu) or call 1.517.432.0730**

**Ages\* 11-17 years old**

### **EVENT COVERAGE**

Sprints  
Hurdles  
Long Jump  
High Jump  
Pole Vault  
Shot Put  
Discus

### **NOW INTRODUCING**

Triple Jump  
Hammer  
Javelin

**Check-in:** 2:00-3:00 p.m. (Sunday)

**Check-out:** Noon (Thursday)

**Camp fees:** Resident Camp           **\$355.00**

(includes all meals)

Commuter Camp           **\$290.00**

(includes lunch and dinner)

Daily schedule 8:30 a.m. - 8:00 p.m.

**Run Fast, Jump Big, Throw Far with state of the art technical training:**

- Warm up routines
- Sprints, hurdles and field event mechanics
- Speed and power development
- Plyometrics
- Medicine ball drills
- Gymnastic training for field events
- Video analysis
- Weight training
- and much more!!!!

\*Must be 12 years old to spend the night

**Track and Field**



**Michigan State University**

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## **Resident and Commuter Camp**

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**2009 Date:  
July 12-16**

### **Camp Information**

**Resident campers MUST be 12 years old to spend the night.**

#### **Roommate Requests**

To aid us with your roommate and suitemate preferences, please submit your written applications in the same envelope or submit online applications on the same day.

#### **Refund Policy**

Campers unable to attend camp are entitled to a refund. A \$55 administrative fee will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

fax: (517) 355-6891  
email: [msucamps@msu.edu](mailto:msucamps@msu.edu)

#### **Check-In/Check-Out**

Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

#### **Medical Policy**

Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

#### **Meals**

Breakfast 7:00 a.m.–8:30 a.m.  
Lunch 11:30 a.m.–1:30 p.m.  
Dinner 4:00 p.m.–6:00 p.m.  
First meal is Sunday 4:00-6:00 pm

### **Registration Information**

Register online at [www.sportcamps.msu.edu](http://www.sportcamps.msu.edu) or complete the attached application. Full payment by either check, MasterCard or VISA must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12–15 business days.

#### **Walk-In Registration Policy**

Walk-in registration (signing up on the day camp begins) will be accepted on a space available, first come, first served basis. An additional \$10.00 fee will be charged for walk-in registrations. Please note that walk-ins are not guaranteed admission once a camp is full.

**Cash payment only. No checks or credit cards.**

#### **MSU Sport Camp Policy**

Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

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### **Contact Information**

**Sports specific questions contact:**  
p: 517.355.1641

**General/Registration/Roommate questions:**

p: 517.432.0730  
w: [www.sportcamps.msu.edu](http://www.sportcamps.msu.edu)



## The Track and Field Camp Application

REGISTER AT [WWW.SPORTCAMPS.MSU.EDU](http://WWW.SPORTCAMPS.MSU.EDU)  
PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

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

Address: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade in September: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Roommate preference: \_\_\_\_\_

Suitemate preference \_\_\_\_\_ Suitemate preference \_\_\_\_\_

(A SUITE IS TWO ROOMS WITH CONNECTING BATH)

Position: \_\_\_\_\_

Shirt Size:  S  M  L  XL

Please enroll me in the following Track and Field camp:

Camp Date	Resident	Commuter
JULY 12-16	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$290.00

U.S. FUNDS ONLY.

Please make checks payable to  
**MICHIGAN STATE UNIVERSITY**

Check one:  CHECK  MASTERCARD  VISA

Card Number \_\_\_\_\_

3 digit security code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Amount of Check/Charge enclosed \_\_\_\_\_

## Medical Treatment Authorization Form

Participant's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

What Sport: Track and Field

Date of Camp: July 12-16

Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary): \_\_\_\_\_

2. List any medications currently taking: \_\_\_\_\_

3. List any allergies: \_\_\_\_\_

### In case of emergency please contact:

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_ Company Telephone \_\_\_\_\_

Insurance Policy Numbers \_\_\_\_\_

\_\_\_\_\_, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Send Application and Medical Treatment Form with payment in full to:

**MICHIGAN STATE UNIVERSITY**  
Sports Camp Office  
402 Jenison Field House  
East Lansing, MI 48824-1025  
Fax: 1-517-355-6891