

**CCSAM High Performance Program  
2007 Fall Fitness Test Camp**

**Date:** Saturday September 8, 2007 (full day, schedule TBA)

**Location:** Minaki, ON (Minaki Yurt Adventures)

**Cost:** \$20.00

**Registration deadline: August 10, 2007**

**Eligibility:** Open to all Midget through Senior (12 – 21 years old) cross country ski athletes. Space is limited. CCSAM High Performance Program athletes will be given first preference.

This is a one-day fitness test camp that will include a 1000m & 3000m time trial run and a CCC strength test. Also included will be a brief discussion on the CCSAM High Performance program and an overview of the 2007-08 Athlete Score Card.

Club coaches and parent volunteers are welcome! Please contact Karin in the CCSAM office if you would like to assist at the camp - (204) 925-5639  
[ccsam@shawcable.com](mailto:ccsam@shawcable.com).

Athletes from outside of Kenora can either travel Friday and spend the night or make an early morning trip on Saturday. Athletes interested in spending the night Saturday for a group training session on Sunday can make these arrangements separately.

**Some things to bring:**

- Running shoes
- Appropriate indoor & outdoor running gear (including a change of clothes and cool weather/rain gear just in case)
- Water bottle – and water or sport drink
- Bag lunch/snack food (especially if you are not checking off the above meal options!)
- Pillow and sleeping bag (if staying overnight)

# ATHLETE REGISTRATION

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September 8, 2007

**Complete and return to CCSAM office by August 10, 2007**

Athlete's Full Name: \_\_\_\_\_

Athlete's Birth Date: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Existing medical conditions (e.g. allergies to both food or medicine, asthma, prescription drugs etc.) \_\_\_\_\_

Health card #'s (please provide both the registration and personal ID #'s): \_\_\_\_\_

Check off all desired options:

- \$20** Camp registration
- \$5 each** Breakfast
- \$10 each** Lunch
- \$15 each** Dinner
- \$15/night** Overnight stay (bunks available in yurt and teepee, bring pillow and sleeping bag)

\$ \_\_\_\_\_ **Total payment enclosed**

**Return this to: CCSAM 200 Main St. Wpg, MB R3C 4M2 or fax: (204) 231-0297**

**DON'T FORGET THE WAIVER & CONSENT....**

# WAIVER & PARENTAL CONSENT

## CCSAM High Performance Program 2007 Fall Fitness Test Camp September 8, 2007

IN CONSIDERATION OF CROSS COUNTRY CANADA (hereinafter called CCC) and the Cross Country Ski Association of Manitoba (hereinafter called CCSAM) accepting my entry into the 2007 Spring Fitness Test Camp, I hereby for myself, my heirs, executors, administrators and assigns, forever release and forever discharge CCC, CCSAM, its clubs, members, servants, agents, sponsors, volunteers, coaches or employees from any and all claims, demands, actions, or causes of actions arising out of or in consequence of any loss, injury or damage which may arise by reason of the negligence of CCC, CCSAM, its clubs, members, servants, agents, sponsors, volunteers, coaches or employees. Without limiting the generality of the foregoing, I further release any and all recourse that I may now or hereinafter have resulting from any decisions of CCC and the CCSAM.

### Parent/Guardian Consent (if athlete is under 19)

I, \_\_\_\_\_, as parent/guardian of the above named athlete grant permission for said athlete to attend the above named event as organized by the CCSAM and the team coaching staff. I agree that any adult chaperone may, acting on the advice of any qualified medical personnel, sign a medical release or other required documents, giving permission to the said medical personnel to perform on my child whatever medical procedures which such personnel, in their absolute discretion deem liability by signing the said documents. In the case of a medical emergency involving my child, I hereby give permission to any and all qualified medical personnel to take whatever action they, in their absolute discretion, deem necessary to deal with the said emergency to my child. I understand and agree that adult chaperones will abide by whatever advice is given them regarding the treatment of my child by qualified medical personnel and that the said adult chaperones will not exercise any independent discretion contrary to such advice.

**X** \_\_\_\_\_  
Signature of athlete

**X** \_\_\_\_\_  
Signature of Parent/Guardian (if athlete is under 19)

\_\_\_\_\_  
Date