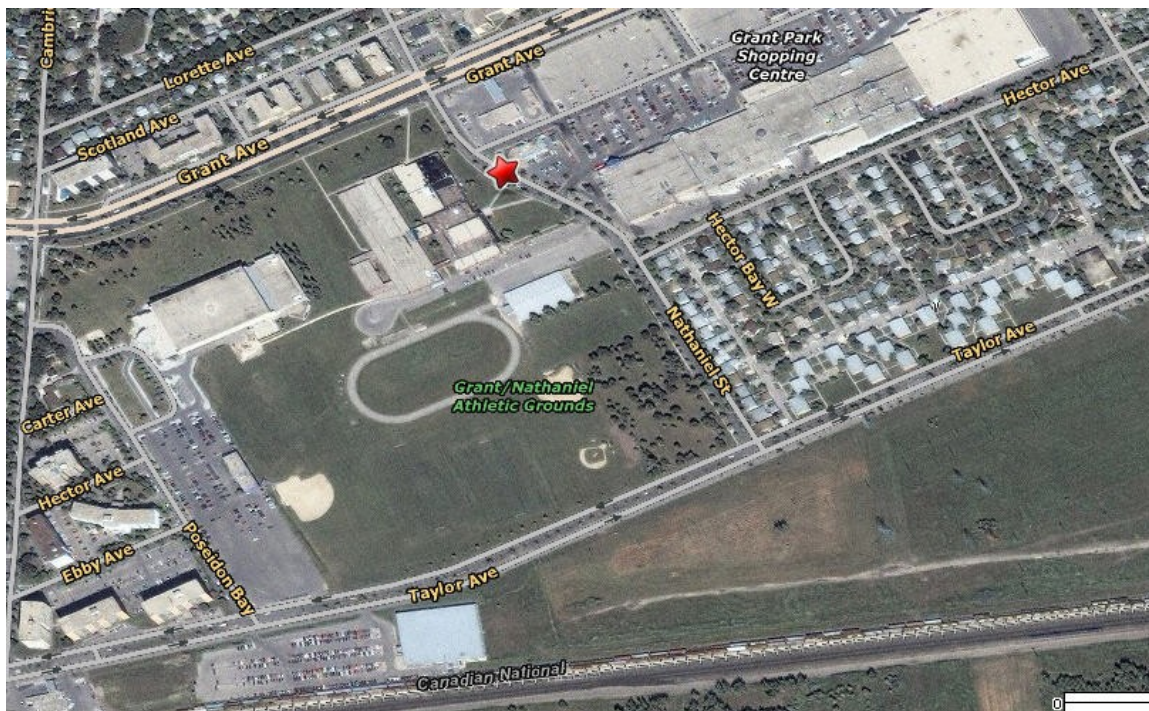


**CCSAM High Performance Program  
2008 Fall Camp  
Winnipeg  
Saturday Oct 4<sup>th</sup>, 2008**

Hosted by: Red River Nordic Ski Club

**9:30 AM – Meet at Grant Park High School Track - 450 Nathaniel Street near the Pan Am Centre**



**Cost:** \$20.00 Cash or cheque (payable to CCSAM)

**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 camp that will include a 1000m & 3000m time trial run and a CCC strength test. Also included will be a discussion on the \*NEW\* CCSAM High Performance Program and the 2008-09 Athlete Score Card.

All club coaches are welcome. Volunteers are needed. Please contact Rob Kirchmann if you would like to assist at the camp (204) 237-3950 [kirch@mts.net](mailto:kirch@mts.net)

**Proposed itinerary:**

10:00 AM 3000m run (Time Trial)

12:00 PM 1000m run (Time Trial)

1:00 PM **Sport MB 200 Main Street** – LUNCH

2:00 PM Sport MB Fitness Centre - CCC strength test

3:30 PM Stretch

4:30 PM Finish

5:30 PM Evening meal and visit with **Beckie Scott** (extra tickets must be purchased in advance). Location: Sport MB

**Things to bring:**

- Extra change of clothes and runners in case it rains
- Lunch
- Water Bottle
- Waiver / parent consent form

**REGISTRATION & WAIVER**  
**CCSAM High Performance Program**  
**2008 Fall Camp October 4<sup>th</sup>, 2008**

**Complete and return to CCSAM office by October 1<sup>st</sup>, 2008**  
200 Main St. Wpg, MB R3C 4M2 Fax: 204-231-0297 Email: [ccsam@shawcable.com](mailto:ccsam@shawcable.com)

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 registration #: \_\_\_\_\_

**Cost:**

**\$20** Camp registration (includes evening meal)

\_\_\_\_\_ **X \$10 ea** Extra tickets for evening meal with Beckie Scott

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

**WAIVER & PARENTAL CONSENT**

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