



CCO DRYLAND TRAINING CAMP

September 10 to 12, 2010

at Walden Cross Country Fitness Club, Naughton, Ontario

Hosted By:

CCO and WCCFC

For more information contact:

Patti Kitler pattikit@vianet.ca

Ages 10 and up

Registration Deadline: September 5, 2010

CCO TRAINING CAMP:

Come train with us for a few days. Learn how to get stronger with training for cross country skiing. Jeff Whiting, Patti Kitler and coaches from out of town interested in developing a Para-Nordic Program at their club.

The Training Camp will take place at the Walden Cross Country Fitness Club, Naughton, Ontario. Billeting will be available on first come first serve basis.

Directions to Naughton Trails: **WCCFC** trails are located on Hwy 55 at Naughton. Turn right at the General Store coming from Sudbury; turn left at the General Store coming from the west on Hwy 55.

Equipment and Other Items to Bring:

- Note Book and pencil.
- Rollerskiing equipment (skate and classic skis), boots and poles; **cycling helmet** (mandatory), gloves, safety vest or vest or bright shirt.
- Ski hiking poles.
- Running shoes and clothes.
- Water bottles and waist belt.
- Clothing appropriate for being out doors in September. Gloves, toque, warm jacket/pants
- Sunglasses, hat, sunblock.
- Extra Food - post workout snacks.
- Personal items.

Training Camp Fee:

Camp Only	\$50
Billets available	<u>25</u>
Total for camp	\$75

Athletes, Coaches and Parents

Day Fee Available on request. Please contact us with your arrival and departure times.

Equipment rental:

If you need to borrow roller skis, poles, sit ski please reserve with Patti Kitler pattikit@vianet.ca or Gary Fohr garyfohr@gmail.com

Registration:

Please email Patti to reserve a place at the camp, make cheques payable to Cross Country Ontario. The cheques can be sent too: Patti Kitler, 218 Fourth Ave, Lively, ON P3Y 1M4

Registration Form: Registration Deadline: Saturday September 5, 2010

Name: _____ Participating as (circle): Athlete / Coach
Address: _____ City: _____
Postal Code: _____
Phone Number: _____ E-Mail: _____
Age: _____ Gender: M / F
Club: _____ Coach: _____

Meal Plan (circle): Vegetarian / Non Vegetarian

Waiver of Responsibility

This form must be signed by a parent/guardian of any athlete under the age of 18 or by the adult participant at the time of registration.

In consideration of Cross Country Canada (hereinafter called CCC), Cross Country Ontario (hereinafter called CCO) and the City of Greater Sudbury and Walden Cross Country Fitness Club (hereinafter called GCS, WCCFC) the acceptance of me/my child as a participant in the CCO Para-Nordic Dryland Camp 2010, I hereby, for myself, my heirs, my executors, administrators and assigns, forever release, discharge and hold harmless Cross Country Ontario (CCO), Cross Country Canada (CCC), Greater City of Sudbury, and the WCCFC, their directors, officers, employees, representatives, sponsors and agents.

EMERGENCY MEDICAL ATTENTION SECTION

A. In the event that emergency health care is required, I hereby give my permission for the attending medical staff to administer any medical procedure deemed necessary for the well being of my child.

B. In permitting me/my child to participate in the above named event, I, the undersigned authorize the Camp appointee, in the event of accident or illness affecting my child, to authorize any medical procedures on my behalf. Such action is to be taken only when immediate contact with the undersigned cannot be made. I also permit the WCCFC, GCS to release information to their insurance agent as required.

FREEDOM OF INFORMATION AND PRIVACY ACT

Pursuant to section 39(2) of the Freedom of Information and Privacy Act, I understand that my personal information recorded on this form is being requested for the purpose of:

- to assist the participant in the event of an emergency
- mailing information regarding the above named event
- use information as required by the WCCFC, GCS, CCO, CCC

Photographs/film/video of the participant may be used in promotion of CCC, CCO and WCCFC programs as required.

Adult Participant Release and Waiver

As a participant of the named activity, I have read and understand the above:

Signature: _____ **Print name:** _____ **Date:** _____

Minor Participant Release and Indemnification

As a parent or guardian of a participant under the legal age of 18, I have read and understand the above and accept its terms and conditions on the participant's behalf.

Parent/ Guardian

Signature: _____ **Print name:** _____ **Date:** _____

Print Participant's name: _____

Emergency Contact Information:

Name _____ **Address:** _____

Phone # _____ **cell #** _____