

ALGONQUIN TRACK & FIELD CAMP



CHOICE OF 2 WEEKS

MONDAY, JUNE 19 – FRIDAY, JUNE 23
5:00 – 8:00 PM

OR

MONDAY, JUNE 26 – FRIDAY, JUNE 30
5:00 - 8:00 PM

BOYS & GIRLS
AGES 6 - 14

SAVE THE DATES



ARHS TRACK & FIELD CAMP

WEEK ONE JUNE 19 – 23; WEEK TWO JUNE 26 – 30; 5 – 8 PM

Camp Staff: **Andy Boschetto:**
Head Track Coach Algonquin H. S.
Certified: Bigger Faster Stronger; Certified Throws Coach

Ken Morin
Head Girls Track Coach Algonquin H. S.
Head Boy's Soccer Coach - Algonquin H.S.
Certified: Bigger, Faster, Stronger

Staff includes track coaches, past and present members of the Algonquin Track team.

AT THE CONCLUSION OF THE CAMP ADULTS ARE REQUIRED TO PICK UP CAMPERS ON THE TRACK.

(no camper aloud to leave the infield without an adult)

For more info call: Coach Andy Boschetto: (508)832-8580
Cell# (617) 571-9517
e-mail abcoachtf@gmail.com

Coach Ken Morin: (508) 460-8993
Cell# (774) 248-5266

DAILY SCHEDULE:

Please have campers arrive by 4:45 each night

Monday thru Thursday 5 pm. - 5:30 pm. Warm-up and stretch

5:35 pm. - 7:40 pm. 22 minute stations including: throwing, jumping, running, and hurdling

7:40 pm. -8:00 pm. Cool down and stretch.

There are 10 events in total. An athlete will do 5 on Mon. & Weds. The other 5 on Tues. & Thurs.

Friday: 5:00 pm. - 5:15 pm. Warm-up and stretch

5:15 p m. - 8:00 p m. **TRACK MEET** (All athletes will compete in the events)

8:00 pm. Award Ceremony DEMONSTRATION BY HIGH SCHOOL ATHLETES

**All groups are set up by date of birth.
There will be no changing of groups.**

ONE CHILD PER APPLICATION

Parent's Last Name: _____ Parent's First Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Cell # (____) _____ E-Mail address: _____

Athlete's Last Name: _____ Athlete's First Name: _____

Date of Birth: ____ - ____ - ____ Gender: M / F

Choice of week: 1 _____ 2 _____ T-SHIRT SIZE; YOUTH M L ADULT S M L XL

Cost for week \$100 – 1st child \$100 – 2nd child \$95 – 3rd child Family Max -\$295

**ALL REGISTRATIONS MUST BE RECEIVED BY June 6, 2017
NO REFUNDS AFTER JUNE 14, 2017**

Make checks payable to: Algonquin Track Camp

Mail to: ARHS Track Camp
C/O Coach Boschetto
58 Pinehurst Ave.
Auburn, MA. 01501

**All groups are set up by date of birth.
There will be no changing of groups.**

May we use your child's picture: Yes _____ No _____

Medical Treatment Authorization

I hereby authorize the staff of Algonquin T& F Camp to provide medical care that includes routine medical treatment as necessary to my minor son/daughter.

Signature: _____ Date _____

Physical conditions that the staff should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.)

Name of family physician: _____ Phone no. _____

Please indicate HMO PPO

Insurance company name and address _____

City _____ State _____ Zip _____

Policy subscribers name: _____

Emergency contact name _____ Phone No.: _____