ALGONQUIN TRACK & FIELD CAMP



ONE WEEK ONLY

MONDAY, JUNE 18 – FRIDAY, JUNE 22 5:00 – 8:00 PM

CELEBRATING OUR 20TH ANNIVERSARY

BOYS & GIRLS AGES 6 - 14

REGISTRATIONS MUST BE RECEIVED BY JUNE 4, 2018





ARHS TRACK & FIELD CAMP

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: | | |
| Current Grade in School | Gender: $\underline{\mathbf{M}} / \mathbf{F}$ | | |
| T-SHIRT SIZE; YOUTH M | L ADULT SM | L XL | |
| Cost for week \$100 – 1st child | $100 - 2^{nd}$ child | \$95 – 3 rd child | Family Max -\$295 |
| ALL REGIST | TRATIONS MUST B | E RECEIVED BY J | June 4, 2018 |
| NO | REFUNDS AFTE | ER JUNE 11, 201 | 8 |
| Make checks payable to: Algonquin Track | Camp | | |
| Mail to: ARHS Track Camp C/O Coach Boschetto 58 Pinehurst Ave. Auburn, MA. 01501 | | | |
| May we use your child's picture: | Yes No | | |
| Medical Treatment Authorization | ı | | |
| I hereby authorize the staff of Algonquin T to provide medical care that includes routing treatment as necessary to my minor son/dat | ne medical | | |
| Signature: | Date | | |
| Physical conditions that the staff should be | aware of (allergies, recurri | | 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.: | |

JUNE 18 – 22

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.