



CROSS COUNTRY CLINIC

July 24-27, 2007



CHARLOTTE ATHLETICS
9201 University City Blvd
Charlotte, NC 28223
Phone (704) 687-6314
Fax (704) 687-6949

<http://www.Charlotte49ers.com>

CLINIC INFORMATION

Location: Instruction will take place at the Irwin Belk Track and Field complex, the same facility that hosts the 49er track and field teams, as well as trails throughout the Charlotte campus and the university area.

Registration: Full payment is due with application. Complete camp information and a confirmation letter will be mailed two weeks prior to camp to those who pre register.

Camp Tuition and Dates:
Charlotte Cross Country Clinic
Attn: Track Office
Date: July 24-27, 2007
Time: 8am - Noon
Tuition: \$175
Team Discount: \$150
Team consists of 5 or more sent in the same envelope

Check-In and Check-Out:
All Clinic attendees will need to show up no later than 7:55am every morning.

INSTRUCTIONAL PROGRAM

The running intensive camp will encourage and challenge each participant to pursue the challenge of being the best person, student athlete they can possibly be. Daily sessions will include warm-ups, runs, talks and interaction with other campers and staff.

CHARLOTTE CROSS COUNTRY CAMP OFFERS

- Warm up Routine
- Flexibility
- Training Methods
- Innovative injury preventive
- Pre-Meet Preparation
- Strength / Core Training
- Medicine Ball Training
- Technical / Video Review
- Nutrition Information
- Guest Speakers in Related fields

Participants will Receive

- T-Shirt
- String Bag
- One on One Instruction
- Full Time Supervision



Cross Country Coach Brad Herbster

Brad Herbster completed his fourth season at the helm of the 49ers cross country program. Herbster has established the distance program with NCAA qualifiers and two performances ranked in the top 25 in the country in 2006. Herbster has coached All American, NCAA Qualifiers, and many conference champions. Herbster coached the first men's team in university history to win the conference championship. Herbster has also coached four junior all Americans and an IAAF World Junior Cross Country Qualifier.

Multiple school records have been broken under Herbster. The past two recruiting classes have been very strong in the distance events.



DIRECTIONS TO IRWIN BELK TRACK.

From Charlotte: Take I-77 North, merge onto I-85 North, exit 13A toward Greensboro, merge onto exit 42 US 29/ Hwy 49 bypass. You will want to get in the right lane. You will see a Waffle House on your left, and HWY 49 will bear to the right. Take HWY 49 which turns into University City Blvd, proceed under Harris Blvd and go about ½ a mile and take your second left that will be Cameron Blvd, and that will lead you to the track.

For More Information Contact:

Brad Herbster - 704 687-6314
 Email: BJHerbst@uncc.edu
 Charlotte Athletics
 Attn: Track Office
 9201 University City Blvd
 Charlotte, NC 28223
WWW.CHARLOTTE49ers.com

Camp: Will include the following:

Training techniques, running, speakers, tips on staying healthy, and running shoes

Waiver of Liability and Hold Harmless Agreement

In consideration of being allowed to participate in this camp, related events and activities, I hereby RELEASE, WAIVE< DISCHARGE AND CONVENANT NOT TO SUE the University of North Carolina at Charlotte and or its athletic department and their servants, agents, or employees (hereinafter referred to as a RELEASEE) from any and all liabilities, demands or course of action whatsoever arising out of related to any loss, damage or injury, including death that may be sustained by me / my child or any property belonging to otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge. I / my child is in good physical condition and I am not aware of any physical infirmity which would place my child to risk to participate in any way with camp activities. I am aware of risks of the camp. I voluntarily assume all responsibility for any risk of loss, property damage, or personal injury, including death, that may be sustained to me / my child as a result of being in camp activities.

During the period of camp. I give permission for the staff of the University or this camp to administer appropriate medical treatment to me/my child in the event of accident, illness, or injury. I will be responsible for all costs of medical and treatment not covered by insurance.

I have read this waiver of liability and fully understand it's terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily.

PRINT NAME:_____

Signature:_____

APPLICATION: REGISTER TODAY

NAME:_____

Date of Birth:_____

Address:_____

City:_____ST:_____

ZIP:_____Phone:_____

EMAIL:_____

Cell Phone:_____

Parent/Guardian:_____

Phone:_____

Cell Phone:_____

School:_____

Age:_____Grade:_____

Circle T Shirt: S M L XL

Insurance Com._____

Insurance Phone:_____

POLICY #_____