

**WES KITTLEY'S CHAMPIONS  
TRACK & FIELD CAMP  
June 17-20, 2009  
BASIC INFORMATION**

**Registration:** Commuter and Resident campers will check in at 1PM on Wednesday, June 17, 2009. This camp is open to any & all entrants. Check in will be held in the lobby of the Stangel/Murdough dormitory on the Texas Tech campus.

**Cost/Online Registration:** The cost of the camp is **\$375** for resident campers & **\$300** for commuter campers. There will be a \$25 per camper discount for groups of 5 or more. **To receive group rates, groups must register & submit their forms at the same time & indicate the group name on the application.**

**Deposit:** A \$100 deposit will be required for all commuter and resident campers. The deposit is non-refundable and must be received by **June 3, 2009**. Campers must be registered by this time. We must also have the camp medical form along with the registration form.

**Housing and Food:** Resident campers will be housed in the Stangel/Murdough dormitory complex. It is an air-conditioned dormitory and the camp coaching staff will supervise each floor. Linens will not be provided for resident campers. All meals will be provided for resident campers. Breakfast and lunch will be provided to commuter campers. Commuter campers will be responsible for their own housing, transportation and breakfast needs. **The Texas Tech Housing office will charge a fine for all lost keys!**

**Emergency Information:** An emergency contact and release form is required for all campers. Please note the emergency information location on the bottom of the camper application form. If there are any special needs, the Texas Tech athletic trainer must be notified at camp registration.

**Conduct:** Campers are expected to adhere to a strict set guidelines and rules. Drugs and alcohol will lead to immediate expulsion from the camp. Campers are not allowed to be off campus unless with an organized camp group. Campers must be supervised at all times. A positive attitude is required at all times!

**What to bring:** All campers will need to bring: Money for snacks, souvenirs, etc. Campers will also need proper track attire, running shoes and/or spikes, swim suit, and casual attire for the evenings. Resident campers need twin, long sheets and blankets, pillow, towels, personal toiletries, and casual attire for the evenings.

**Cell Phones:** We ask that cell phones be left in the dorm room during lectures and workouts. Cell phone use is allowed during camp free time.

**Airport:** We will be happy to provide transportation from the airport. This service will cost \$15, roundtrip, and is due with deposit. Please provide the camper's flight information on the camp application.

**Camp Goals:** It is our goal that all campers will leave Texas Tech with a better understanding of their event area and how to continue their improvement in the sport of track and field.

<b>Coaches</b>	<b>Events</b>
Wes Kittley	800 Meters
Diane Wholey	High Jump
Dion Miller	Sprints/Hurdles
Roy Williams	Sprints/Hurdles
Rock Light	Long Jump/Triple Jump/Pole Vault
Jon Murray	Distances, Middle Distances
Cliff Felkins	Shot Put/Discus
Jason Young	Shot Put/Discus/Weight Training

**For More Information:** Please contact Diane Wholey at (806) 742-3355 x250 or by email at [diane.wholey@ttu.edu](mailto:diane.wholey@ttu.edu). You may also get Champions Track and Field camp information at [www.texastech.com](http://www.texastech.com).



# Texas Tech Track & Field



## CAMP MEDICAL FORM

Please return complete form with application and deposit.

Please print or type. All information is requested to assist us in identifying appropriate care for participants and is confidential.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  Male  Female

Social Security Number \_\_\_\_\_ Grade in school in 2007-08 \_\_\_\_\_ Age \_\_\_\_\_

Parent or guardian \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP AREA CODE NUMBER

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
NAME AREA CODE NUMBER

### HEALTH HISTORY

Check all that apply.

- \_\_\_\_\_ Frequent ear infections.
- \_\_\_\_\_ Heart defect/disease
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/clotting disorders
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis

#### Diseases

- \_\_\_\_\_ Chicken pox
- \_\_\_\_\_ Measles
- \_\_\_\_\_ German measles
- \_\_\_\_\_ Mumps

#### Allergies

- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Ivy poisoning, etc.
- \_\_\_\_\_ Insect stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Other drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_
- \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical or hospital insurance?  No  Yes

Carrier \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

Is camper currently taking any medications?  No  Yes (If yes, list all on back.)

Operations or series injuries (dates) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Activities encouraged or limited by physician \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Additional health information \_\_\_\_\_

### For Female

Has this person menstruated?  No  Yes

If not, has she been told about it?  No  Yes

If so, is her menstrual history normal?  No  Yes

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staff \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of camper \_\_\_\_\_ Date \_\_\_\_\_