

# **Texas Tech High Altitude Cross Country Camp Held at Cloudcroft, New Mexico**

**August 4-8, 2008**

The philosophy of the Texas Tech High Altitude Cross Country Camp is to encourage and prepare serious cross country runners for the high school cross country season. It will be a residential-only camp limited to 40 high school athletes. This will be excellent preparation for the season starting in a few weeks. It will be an intense week of hands-on training at 9000 feet elevation. With a 4 to 1 camper to counselor ratio, personal attention will be an emphasis of the camp.

## **CAMP GOALS**

- Athletes will improve their knowledge of distance running and training.
- Athletes will learn drills that are distance specific.
- Athletes will learn about prevention of running injuries and how to identify overtraining.
- Athletes will be inspired to reach their potential.
- Athletes will be given information on the correct choice of equipment and shoes.
- Athletes will learn about team running and the team aspects of cross country.
- Athletes will be given information on goal setting and mental preparation for distance running.

## **EXPENSES**

- \$450.00 per camper will cover transportation to and from Lubbock, Texas, meals, housing, camp insurance and camp t-shirt.
- A nonrefundable deposit of \$100 is due with application by July 1, 2008.

## **GENERAL INFORMATION**

- Registration must be done in advance. Complete registration form and mail it with your \$100 deposit by July 1, 2008. The first 40 athletes to sign-up will be accepted. A wait list will be used if someone is not able to come to camp.
- Campers will be supervised at all times. A camper will not leave the supervision of camp personnel in the evening or at meal times.
- Campers should report to the Fuller Outdoor Track and Field complex at Texas Tech University at 1:00 p.m. on August 4 for departure. Campers can be picked up at the Outdoor Track and Field complex at 3 p.m. on August 8.

## **FACILITIES**

The camp will be held in the heart of the Lincoln National Forest in the Sacramento Mountains in Southern New Mexico. With an average high of 69 degrees and low of 44 degrees expect great weather for distance running. Running will be done on trails in the Lincoln National Forest and dirt roads around the camp. A day trip to White Sands National Park for training is also planned.

## **WHAT DO I BRING?**

- Running attire for five days (morning and afternoon workout), including warm-up suit for cool mornings and evenings.
- At least two pair of comfortable running shoes for training.
- Laundry bag, twin bed sheets, pillow, bath towels, toilet articles.
- Casual attire for evenings and lectures.
- Extra spending money for personal expenses.

Camp staff will include coaches, athletes and personnel at Texas Tech University.

For more information contact Jon Murray at [jonathan.murray@ttu.edu](mailto:jonathan.murray@ttu.edu) or 806-742-3355 ext. 287 or visit [www.texastech.com](http://www.texastech.com)

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Cross Country Camp  
Held at Cloudcroft, New Mexico**

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**Texas Tech High Altitude Cross Country Camp Application**

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Name  Male  Female

Address E-mail

City State Zip

Phone ( ) Parents/Guardian

Cell Phone ( )

Grade completed in 2007-08 Birthday

Adult T-shirt size:  XS  S  M  L  XL

Please attach the medical information sheet. The camp maintains the highest safety standards. However, Texas Tech Cross Country Camp does not assume liability for accidents, illness or disease.

MEDICAL RELEASE: I hereby consent to emergency medical or hospital service rendered to my child by appointed physicians or at accredited hospitals, in the event such is needed as determined by the camp director.

Signed Date

Attach your check for the \$100 NON-REFUNDABLE DEPOSIT and return to:

Jon Murray  
Texas Tech Cross Country Camp  
6th and Boston, Box 43021  
Lubbock, Texas 79409-3021

Camp director: Jon Murray (806) 742-3355 ext. 287 or jonathan.murray@ttu.edu

# Texas Tech High Altitude Cross Country Camp

**August 4-8, 2008**

## 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 \_\_\_\_\_