

Caryl Smith Gilbert's Track Academy  
P.O. Box 163555  
Orlando, FL 32816-3555

PLACE  
POSTAGE  
HERE

GET SPEED, POWER AND EVENT-SPECIFIC TRAINING AT  
**CARYL SMITH GILBERT'S**

# 2011 TRACK ACADEMY

## TRACK & FIELD CAMP

Tuesday, June 28th and Thursday, June 30th, 2011

Boys and Girls ages 5-18 eligible to attend

### Full Day Camp

8 a.m. - 4:30 p.m. - \$69



For more information email: [carylsmithgilbertcamps@yahoo.com](mailto:carylsmithgilbertcamps@yahoo.com)  
To register online, please visit [www.centralfloridatrackacademy.com](http://www.centralfloridatrackacademy.com)



# CARYL SMITH GILBERT'S

## 2011 TRACK ACADEMY



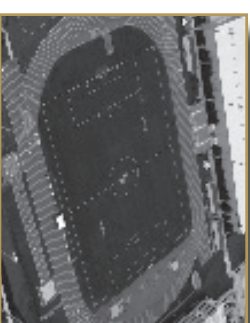
**Caryl Smith Gilbert  
Camp Director and  
UCF Head Coach**

Coached 67 All-Americans, 1 Olympic Gold Medalist and 3 world champions and won three NCAA titles

**CSG GENERAL TRACK CAMP  
June 28th and June 30th, 2011  
Boys and Girls  
ages 5-18 eligible to attend**

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Camps will be held at the state-of-the-art UCF Track & Field Complex, featuring an eight-lane track and recently renovated throwing areas and jumping pits

Please detach here

**APPLICATION:** Please check one of the below boxes and return the this application signed with a \$50 non-refundable check or payment in full. Please send checks payable to Caryl Smith Gilbert's Track Academy to: Caryl Smith Gilbert's Track Academy, P.O. Box 163555, Orlando, FL 32816-3555

**Track & Field Camp (June. 28)**

**Track & Field Camp (June. 30)**

**Camper Last Name:** \_\_\_\_\_ **Camper First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( ) - - **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade in Fall 2011:** \_\_\_\_\_

**Parent Email (required / all correspondence sent via email):** \_\_\_\_\_

**T-Shirt Size: (pick one) YM YL AS AM AL AXL High School:** \_\_\_\_\_

**Parent First and Last Name:** \_\_\_\_\_ **Parent Cell Phone:** ( ) - -

**Emergency Contact:** \_\_\_\_\_ **Emergency Contact Phone:** ( ) - -

**Insurance Company (required):** \_\_\_\_\_ **Policy # (required):** \_\_\_\_\_

**Allergies or allergic to any medications:** \_\_\_\_\_

**Present medication or special medical conditions:** \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Waiver Statements:** I/We, the undersigned, hereby certify that I (we) am (are) the parent(s) and/or legal guardian(s) of the camper. I hereby give my permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy of the camp.

I/We, the undersigned, ourselves, our heirs, executors and administrators, waive release and forever discharge the University of Central Florida, the UCFAA, Caryl Smith Gilbert and Caryl Smith Gilbert's Central Florida Track Academy and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Camp activities or while at the Track Academy at UCF. By signing this waiver, I agree that my \$50 deposit is non-refundable and my final payment is due 14 business days prior to camp. I understand that my child is not guaranteed a spot in camp until this signed application and the \$50 deposit is received.