



# LORAS COLLEGE™

## Cross Country TEAM Camp

July 26-30, 2009

**CAMP GOAL** – The goal of the Loras Cross Country TEAM Camp is to help runners' grades 7-12 have a significant understanding of being a part of a great cross country TEAM. Cross Country is the ultimate team sport and at the Loras Cross Country TEAM Camp, we will emphasize the TEAM concept by having the runners work together throughout the camp within their team in many different dynamics including enthusiasm & spirit, games, contests, competitions and even a true cross country TEAM race. Each camper will leave the camp having a much better understanding of what it takes to be a part of and help develop a better TEAM. By focusing on the TEAM aspect, they will make themselves better runners and get more out of their experience as a TEAM oriented distance runner.

*“Great runners are made in the summer...Great Teams are made in the fall.”*

Camp Ages – Boys & Girls entering 7<sup>th</sup>-12<sup>th</sup> grade – July 26-30, 2009

Camp Cost - \$325 Resident Camper / \$275 Day Camper (\$10 discount for each runner from the same school up to \$50 discount) Cost includes all instruction materials, meals, lodging, camp t-shirt, team singlet, team photo.

Campers will have an opportunity to work with athletes from some of the top college cross country TEAMS in the nation (Notre Dame, Providence, Minnesota & Iowa in the past couple years).



**Camp Director:** Bob Schultz, Loras College Men's & Women's Cross Country Coach. Both of Loras' Men's & Women's teams finished the season ranked among the top team in the nation. Senior Mary Bridget Corken earned the highest finish in women's cross country history for Loras with a 16<sup>th</sup> place finish at the National Championships and was also the Iowa Conference Champion. On the men's side, Ben Grant placed 4<sup>th</sup> at the National Championships in 2007. Both Grant and Corken have worked at camp as coaches.

Prior to Loras, Schultz served at NCAA Division II Lewis University near Chicago where he coached multiple GLVC Champions, National Qualifiers, All-Americans and National Champions in cross country and track. He was named Great Lakes Valley Conference Coach of the year five times in his three years at Lewis. Prior to Lewis, Schultz spent eight years at Elmhurst College where he also coached numerous conference champions, national qualifiers and All-Americans in cross country and track.

As an athlete Schultz ran for Lewis University where he was an All-GLVC cross country runner and National Qualifier. As a prep Schultz ran for the nationally recognized York High School in Elmhurst, Illinois. He was a member of the 1986 State Championship team at York.

Since the summer of 1996, Schultz has worked with Joe Newton and the York Cross Country Team at the York Cross Country Summer Camp. York, the winner of the first Nike Team National Championship in 2004 has been coached by Newton since 1960 and have won 24 Illinois State Championships. Much of Schultz's cross country team philosophy is based on his experience as an athlete and a volunteer coach under Newton.

**Loras College Cross Country TEAM Camp APPLICATION**  
July 26-30, 2009

Name (First, Middle, Last): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_ Entering Grade in the fall: \_\_\_\_\_  
School: \_\_\_\_\_ Name of Coach: \_\_\_\_\_  
Best cross country time (include distance) \_\_\_\_\_

Best 1500/1600/3000/3200 in track: \_\_\_\_\_

Average miles per week in the summer: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

**\*Make Checks payable to Loras College Cross Country Team Camp**

*Mail checks\*, application and waiver to:*

**Bob Schultz**  
**Loras College Cross Country Camp**  
**Loras College – Mail #224**  
**Dubuque, IA 52004**

**WAIVER AND RELEASE OF ALL CLAIMS**

2009 Cross Country TEAM Camp

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Loras College REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated. **Please read this waiver carefully** and be aware that in registering your minor child/ward for participation in the Loras College Girls' High School Elite Camp, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of this program.

I understand that Loras College does not carry insurance for injuries sustained by participants in this event. Therefore, participants in this event should look to their own health insurance policy for any injuries sustained in connection with or arising out of this event. The absence of health insurance coverage does not make Loras College responsible for payment of medical expenses. As a participant in Loras College Girls' High School Elite Camp at Loras College, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with, or arising out of this event. I agree to waive and relinquish all claims my child/ward may have as a result of participating in the Loras College Girls' High School Elite Camp against Loras College and its directors, officers, trustees, agents, servants and employees. I do hereby fully release and discharge Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damage or loss which my child/ward may have on account of their participation. I further agree to indemnify and hold harmless and defend Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by my child/ward or arising out of, connected with, or in any way associated with the activities of this event.

**PERMISSION TO SECURE TREATMENT**

In the event of an emergency I authorize Loras College to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's/ward's immediate care and I agree that I will be responsible for payment of any and all medical services required.

I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge.

**(Please Print)**

Participant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group or Policy #: \_\_\_\_\_