



JOIN US FOR FUN AND TRAINING

Monday 7/5/21 – Friday 7/9/21

9:00 a.m. - 2:00 p.m.

AT THE ST. JOHN THE BAPTIST RUNNING CAMP



Under the direction of Coach David Wood

Open to Boys and Girls entering 8th-12th Grade - \$300 per camper

Current members of the SJB XC + T&F teams are \$250

Coach Wood's Camp Objectives:

This camp is designed to teach runners the tools they will need in developing speed and endurance, and to help these athletes understand how and why these tools work. There will be a concentration on running form, race strategy and having a plan for the rest of the summer, to better prepare the athletes for their upcoming season.

What A Typical Day Of Camp Resembles:

9:00 am Warm-up: The warm-up includes light jogging, skip drills, form/speed drills and active stretching.

10:00 am Main workout of the day: This will be done on the SJB track or 1 mile east of SJB at Gardiners Park.

11:20 am Lunch: In the Air-Conditioned Cougar Café. Lunch is provided or the campers can bring their own.

12:00 pm Classroom: Lecture's and videos on all aspects of training.

1:00 pm Workout #2: Active learning of strength and agility drills, speed-work, core-work, relays and games.



Follow the team at WWW.COACHWOOD.ORG

Campers Name: _____ Grade as of Sept. 2021: _____

Address: _____ City: _____

Parents Name: _____ Phone Number: _____

Parents e-mail: _____

Mail to: St. John the Baptist DHS 1170 Montauk Hwy West Islip, NY 11795

(Complete both sides of this form & return with your payment)



Campers Name: _____

Date of Birth: _____

Age: _____ Grade as of 9/21: _____

Parent/Guardian Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Emergency Contact #1: Name: _____

Phone Number: _____

Emergency Contact #2: Name: _____

Phone Number: _____

Permission release: I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to an emergency room for treatment of any illness/injury resulting from his/her participation.

Parent/Guardian Signature Date

MEDICAL RELEASE FORM

**Return your application now to reserve your spot.
(The Medical Release form may be sent separately)**

Date of last Physical: _____

I certify that this child is physically fit to participate in St. John the Baptist Sports Camp without restrictions.

Signature of Physician Date

Is the child is taking medication at this time? ___Yes ___No

If yes, list medications here: _____

Is there anything else concerning health of this child that the Athletic Trainer should know in order to meet his/her needs? ___Yes ___No

If yes, explain: _____