

### Vasa Ski Club (VSC) Cross Country Ski Summer Camp

Cheboygan, Michigan

August 1 - 3, 2016



4474 Long Point Dr (Camp Site), Cheboygan, MI

### Open to Nordic Skiers age 13-19 and Coaches

Entry Fee: \$85 (ask about VSC membership to save) or, \$60 for active VSC Junior Members

### **Tentative Ski Camp Schedule\***

Monday, August 1,	10:00 a.m.	Meet at campsite (4474 Long Point Drive, 49721)		
	11:00 a.m.	Running with poles and bounding drills		
	1:00 p.m.	Lunch		
	4:00 p.m.	Roller-ski - forward direction technique drills		
	6:30 p.m.	Dinner		
Tuesday, August 2,	7:00 a.m.	Breakfast		
	9:00 a.m.	Roller-ski skills course and games		
	12 noon	Lunch		
	2:30 p.m.	Roller-ski skills course time trials and straight power speed		
		time trials		
	6:00 p.m.	Dinner		
	7:00 pm	Hike / swim		
Wednesday, August 3,	9:00 a.m.	Relay. Roller-ski or hill run with poles (ladders/speed)		
	12:00 noon	Camp ends / Lunch and finish clearing camp site		
	12:30	Depart		



<sup>\*\*\*</sup>Andy Liebner, retired skier and 2014 Olympic coach, will be coaching during all 3 days. Andy is also owner of the U.S. Ski Pole Company and will have a fleet of poles for everyone to use if they would like.

#### **Contact info:**

• John Kostrzewa (Coach) – cell/text 231-357-5346 – jfkostrzewa@gmail.com

**Directions:** Google Maps – 4474 Long Point Dr., Cheboygan MI (over the river and through the woods)

#### Bring: (let us know if you need any of these items on this checklist)

□ Eye protection	Roller-skis (skate will work, ask	□ Bounding poles	□ Work-out clothes
	to borrow classic)		
☐ Ski Boots for both or	☐ Bicycle (preferably road bike,	☐ Camping gear, cup, plate	☐ Swim suit, ( + snorkel
combis	mountain bike will work)	bowl, knife, fork, spoon	fins if you have any)
☐ CL & Skate Poles	□ Sunblock	☐ Sleeping bag, bed roll	□ Toothbrush, towel
w/ferrules			
□ Helmet	□ Bug repellent	☐ Tent (or arrange sharing)	□ Tube / inflatable raft
□ Gloves	☐ Running shoes	☐ Drink bottle and holster	☐ Light rainwear

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Name: _	(First Nam				
		ne) City: _		(Last Name)	7in:
		Email:			
		Birthdate:			
		□ XS □ S □ M			
Fees:	-				
	□ \$60 for Vasa Ski C	lub Junior Members			
Total An	nount Enclosed:		Make check <sub>l</sub>	payable to: <u>Vasa Ski</u>	<u>Club</u>
Return s	kier entry forms and fee	postmarked by <b>Monday</b> .	July 24, 2016		
Mail to:	Vasa Ski Club Summ 503 Bloomfield Rd Traverse City, MI 49	er Ski Camp c/o John Kos 686	trzewa		
		SIGN RELEASE FO			
Release a	ind Indemnity Agreement,	Assumption of Risk, August	1 - 3, 2016		
		ld being permitted to particle at I do, on behalf of myself C		n the <b>Vasa Ski Club Sur</b>	mmer Ski Camp
2. I 2. I 3. I 3. I	training camp activities and participate in such activity. Fully understand that (a) the bodily injury (b) these risks actions or inactions of other property on which the Vas I hereby agree, for myself a borganization Vasa Ski Club directors, agents, officers, owners and leasers of prer considered one of the "Relaccount caused or alleged I fully accept and assume a result or my or my child's participated and agree underage child (if applicab	epresent I fully understand to defend that I or my child are qualified that I or my child are qualified and Nordic Ski Training and Ski and dangers may be caused ers participating in the Vasa a Ski Club Summer Ski Campand for my child to release, or Summer Ski Camp. or its participation, and emises of property on which the easees" herein), from all liable to be caused in whole or in participation in the Vasa Ski entropy to be bound by this Release let, and agree that if any porticipation in full force and effect	fied, in good healt cling in general involutions of by my own (or magnitude of the Still of this agree of the Still of the Still of this agree of the Still o	ch, and in proper physical colves risks and dangers by child's) actions or ina Ski Camp and/or the column and to sue the about the column and	cal condition to s of serious actions, or the condition of cove listed strators, d if applicable, es place (each es on my or otherwise. d incur as a gnifies that I for my
Signature	::			Date:	
Parent Sig	gnature (if child is under the	age of 18):		Date:	

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# **ATHLETE EMERGENCY INFORMATION**

Name:				
(First Name) Address:	City:	(Last Name)	State:	Zip:
Birthdate:/	Home Phone:			
Father's Name:		Work Phone: _		
		Cell Phone:		
Mother's Name:		Work Phone: _		
		Cell Phone:		
Parent(s) location while child is participatir	ng in VSC Cross Country SI	ki Summer Camp:		
<ul><li>If unable to contact parent(s), call:</li><li>• Emergency Contact:</li></ul>				
Emergency Phone:				
Medical History (current/past), e.g. Allerg	ies/Handicaps/Asthma/C	Current Medicatio	ns 	
My child has medical insurance:	VES □ No			
•				
In case of serious accident, illness, or eme				ım coaches ar
unable to locate me, I hereby authorize m	y child to be taken to the	e nearest emerger	ncy room.	
Parent/Guardian Signature		 Date		