Cross Country

COED Resident and Commuter

Ages 13-18 years old

Director of Cross Country and Track & Field Walt Drenth, Assistant Coaches Lisa Senakiewich and Aaron Simoneau, and renowned Spartan athletes encourage you to join us for the Michigan State Cross Country Camp! Spend 4 days learning and training with one of the most competitive teams in the nation.

Registration: Spartan Stadium (South off Shaw Lane) Park and proceed to Gate C

Check-in: Noon - 1:00 p.m. (Monday)

Check-out: 11:15 a.m. (Thursday)

Camp fees:
- Resident Camp (includes all meals) $375.00
- Commuter Camp (includes lunch and dinner) $290.00

*$25 Discount if you enroll BEFORE May 1

This Summer We Train Like Spartans!

CAMP FEATURES
- 3 workout sessions a day
- Run on the trails on the beautiful MSU campus
- Learn how to train like a champion

EQUIPMENT
- Warm-up pants and extra tops (regardless of temperature)
- Workout gear to run in
- Water bottle
- 1-2 pair of running shoes
- Swimsuit

2015 DATES

July 6-9

2014 Women’s Cross Country National Champions

Women’s Big Ten Cross Country Champions 2010, 11, 13, 14

2014 Women’s
Cross Country
National Champions

2010, 11, 13, 14

BIG TEN WOMEN’S CHAMPIONS

www.sportcamps.msu.edu
Cross Country

2015 DATES
July 6-9

2014 Women’s Cross Country National Champions
Women’s Big Ten Cross Country Champions 2010, 11, 13, 14

Resident and Commuter Camps
For Boys and Girls Ages 13-18

CAMP INFORMATION
Resident campers MUST be 12 years old to spend the night.

Refund Policy
Camps unable to attend camp are entitled to a refund. A $55 administrative fee (only $30 if you enrolled online) will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

fax: 517-355-6891
email: msucamps@msu.edu

Medical Policy
Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

Meals
Breakfast 7:00 a.m. – 8:30 a.m.
Lunch 11:30 a.m. – 1:30 p.m.
Dinner 4:00 p.m. – 6:30 p.m.

Check-In/Check-Out
Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

CONTACT INFORMATION
Sports specific questions contact:
517-353-6357

General, Registration and Roommate questions:
517-432-0730
www.sportcamps.msu.edu

REGISTRATION INFORMATION
Register online at www.sportcamps.msu.edu or complete the attached application. Full payment by either check, MasterCard, VISA, Discover or American Express must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12–15 business days.

Walk-In Registration Policy
Walk-in registration (signing up on the day camp begins) will be accepted on a space available, first come, first served basis. An additional $25.00 fee will be charged for walk-in registrations. Please note that walk-ins are not guaranteed admission once a camp is full. Cash payment only. No checks or credit cards.

MSU Sport Camp Policy
Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.
The Cross Country Camp Application
REGISTER AT WWW.SPORTCAMPS.MSU.EDU
PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name
Address
City    State    Zip

Parent or Guardian
Daytime Telephone
Evening Telephone
E-mail
School

Grade in September:            Age: ____________
Sex: __   Date of Birth: _______ Ht: ______ Wt: ________

Must be 12 years old to spend the night.
Roommate preference: ______________________________

Number of years running: _______
Typical summer weekly running mileage: _______
Best performances: 400_____  800_____  Mile_____  3200_____  5K_____
Team: __________________________________________

Shirt Size: □ Small □ Medium □ Large □ X-Large □ XX-Large

Please enroll me in the following Cross Country camp:
Camp Date   Resident   Commuter
July 6-9    □ $375.00    □ $290.00

U.S. FUNDS ONLY.
Please make checks payable to MICHIGAN STATE UNIVERSITY

Check one:
□ Check   □ Mastercard   □ VISA   □ Discover   □ American Express

Card Number
3 digit security code   Exp. Date

Signature
Amount of Check/Charge enclosed

Medical Treatment Authorization Form

Participant’s Name_________________________ DOB / /____
What Sport: ___________________________ Cross Country
Date of Camp: ___________________________ July 6-9

Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):
______________________________________________________________________
______________________________________________________________________

2. List any medications currently taking:
______________________________________________________________________
______________________________________________________________________

3. List any allergies:
______________________________________________________________________
______________________________________________________________________

In case of emergency please contact:
Name
Daytime Telephone
Evening Telephone

Insurance Information:
Name of Medical Insurance Company
Insurance Company Telephone
Name of Insurance Policy Holder
Policy Holder DOB
Medical Insurance Policy Number
Medical Insurance Group# (if appl)

________________________, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant’s medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian)     Date

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
223 Kalamazoo, Jenison Field House
East Lansing, MI 48824-1025
Fax: 517-355-6891
DID YOU KNOW?

• Most concussions occur without loss of consciousness.
• Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
• Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:

• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Sensitivity to light
• Sensitivity to noise
• Feeling sluggish, hazy, foggy, or groggy
• Concentration or memory problems
• Confusion
• Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

• Appears dazed or stunned
• Is confused about assignment or position
• Forgets an instruction
• Is unsure of game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes
• Can’t recall events prior to hit or fall
• Can’t recall events after hit or fall

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”
CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.