

**CARRIE TOLLEFSON**

**2010**

**TRAINING CAMP**



**Check-in** for all campers will be held on Thursday, July 8<sup>th</sup> from 2:00p.m. – 3:00p.m. at Butler Sports & Fitness Center. Butler Center is located on the south side of campus (#3 on campus map). Signs will be posted.

**Check-out** for all campers on the last day of camp, July 11<sup>th</sup> at 2:00p.m. Check-out will follow Carrie Tollefson's Closing Speech and Social at 1:00p.m. at Butler Sports & Fitness Center (#3 on campus map).

- **Reminder** parents and coaches of the campers are invited to the Closing Speech and Social. Run N Fun Store Discount and CTTC Highlight DVD will be available.

## **Cancellation/Refunds**

Cancellations will be charged a \$75 fee.

Team refunds will be issued at CTTC Check-in.

### **CAMP CONTACT INFORMATION - EMERGENCY USE ONLY**

KAMMIE JACKSON at [www.jcksonevents.com](http://www.jcksonevents.com): (612)210-2205

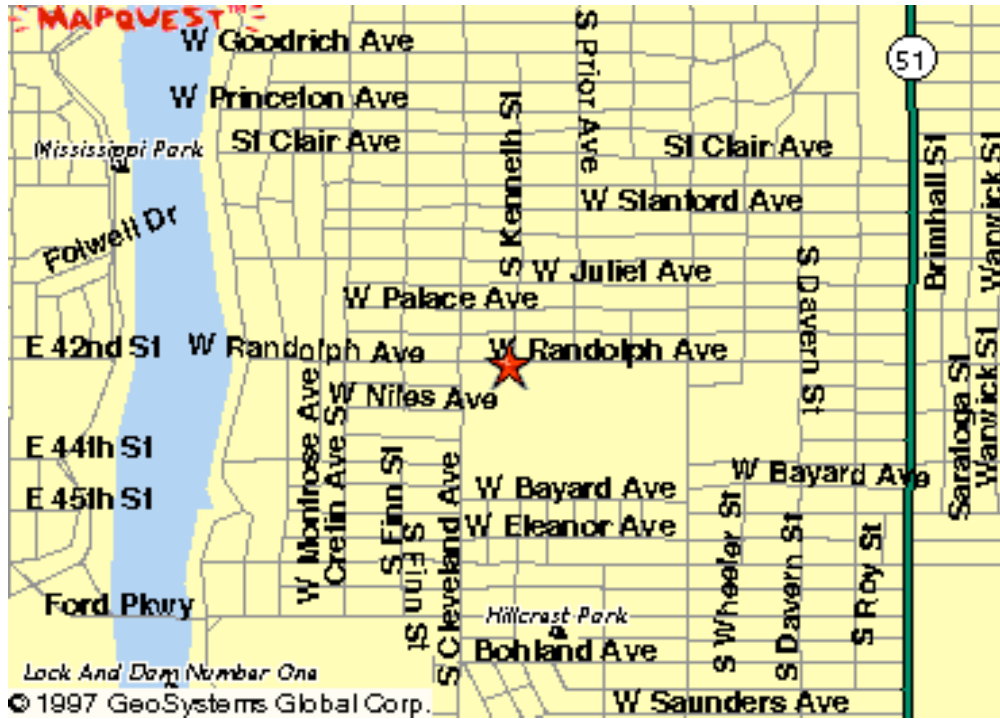
ST. CATHERINE CAMPUS SECURITY: (651)690-8888

# St.Catherine University- Saint Paul Campus

2004 Randolph Avenue  
St. Paul, Minnesota 55105  
(651)690-6000 or  
(800)945-4599, Ext. 6000

## Getting Here

St. Catherine University St. Paul campus is located at 2004 Randolph Avenue in St. Paul, MN. St. Mary Hall(#24) and Butler Center (#3) are located on the southside of campus. Signs will be posted on campus. Go to [www.stkate.edu](http://www.stkate.edu) for campus maps.



**I-35E**

Take I-35E to exit on Randolph Ave. (west). Proceed west to the intersection of Fairview Ave./Randolph Ave, stay on Randolph Ave. Turn left on to the campus grounds at Gate 3.

**I-35W**

Take I-35W to exit on I-94 eastbound to Cretin/Vandalia exit. Turn right (south) on Cretin Ave. to Randolph Ave. On Randolph turn left (east) to Cleveland Ave. intersection. Stay on Randolph Ave. Enter the campus grounds at Gate 3.

**East I-94 (from Minneapolis):**

Take I-94 east to Cretin/Vandalia exit. Turn right (south) on Cretin to Randolph Ave. At Randolph Ave. turn left (east), proceed to Cleveland Ave. intersection. Stay on Randolph Ave. Enter the campus grounds at Gate 3.

**West I-94 (from St. Paul):**

Take I-94 west to Snelling Avenue (US 51) exit. Turn left (south) on Snelling Avenue to Randolph Ave. Turn right (west) on Randolph. Proceed west to Fairview /Randolph intersection, stay on Randolph. Enter the campus grounds at Gate 3.

**Finding Butler Sports & Fitness Center and St. Mary Hall:**

Enter Gate 3 off of Randolph Avenue.

## HEALTH & INSURANCE INFORMATION

### Section I: to be completed by Parent/Guardian

Name of Camper \_\_\_\_\_ Sex: M F Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Policy Subscriber's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

If your child needs prescription medication during camp, parents must send a permission letter with physician's instructions for use and dosage of medication. **Upon check-in, please take time to advise our medical staff how to treat your child.**

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

**\*Both an Athletic Trainer and Physician will be on staff during camp!**

### Section II: to be completed by Parent/Guardian

I, the undersigned, certify that my child is in good health and may participate in all camp activities. I hereby give permission to the staff of the camp to seek and provide appropriate medical attention for my child for the duration of the camp. I understand that the camp only provides for excess medical insurance, and I am responsible for all medical costs that may be incurred. I understand that the risk of physical injuries does exist in Track and Cross Country and camp activities. I waive and release the College of Saint Catherine, Carrie Tollefson Training Camp c/o Jackson Event Marketing, and the staff, employees, officers, and representatives from all liability and claims that may arise as a result of injuries sustained during camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **CTTC RULES AND REGULATION FORM**

Camper's Name \_\_\_\_\_

The rules and regulations are for the convenience and safety of all the runners. Please read them carefully.

1. To leave the camp property, you need to obtain permission from the director and be accompanied by a counselor. Failure to comply may result in all persons involved being sent home at parent's expense.
2. All runners must report to and participate in their scheduled activities. If ill, a runner should contact their counselor and be seen by the Athletic Trainer or Camp Physician.
3. If you have a problem, see a counselor. If you wish the camp director to become involved, ask your counselor to arrange a meeting.
4. Designated dorm floors are off-limits to members of the opposite sex. Failure to comply may result in all persons involved being sent home at parent's expense.
5. Smoking, chewing tobacco, drugs, or alcohol is not allowed at camp. Failure to comply will result in all persons involved being reported to police & sent home at parent's expense.
6. Behavior or pranks, which destroy camp property or hurt the feelings of others, is not allowed. If you are not sure, ask your counselor.
7. Camp quiet hours begin at 10:00p.m. At this time all runners must be in their living quarters. Lights out at 11:00 p.m. Please cooperate by being considerate of all those who live at camp.

### **CAMPER'S AGREEMENT**

I have read all of these rules and regulations and will obey them while at CTTC. I understand that failure to comply with these policies may result in expulsion from camp. The parent will assume the cost and means of transportation.

\_\_\_\_\_  
CAMPER'S SIGNATURE / \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE / \_\_\_\_\_  
DATE

# **THINGS TO BRING TO CTTC!**

**Health & Insurance Information**  
**Waiver of Liability Statement**  
**Permission Letter with Physician's Instructions for Medication**  
**CTTC Rules and Regulation Form**

## **BEDDING**

Provided

- ✓ Sheets
- ✓ Blanket
- ✓ Pillows

## **RUNNING GEAR**

(enough for two workouts per day)  
shorts & shirts  
socks(lots of them!!!!)  
running shoes(no need for spikes)  
watch  
sunglasses

## **CASUAL CLOTHES**

shorts  
tees  
casual shoes  
jacket/sweatshirts  
jeans/sweatpants  
pj's

## **SHOWER ITEM**

towel & washcloth  
shampoo & conditioner  
bar of soap  
personal hygiene items  
toothbrush & paste

## **SWIM GEAR**

suit  
flip flops  
beach towel  
sunscreen & bug spray

## **MISCELLANEOUS**

favorite VHS or DVD  
-G, PG, or PG 13 only  
spending money  
-snacks  
-campus store & student ct  
-CTTC Highlight DVD  
-etc.....  
camera  
notebook  
questions for staff & speakers  
**FAN – NO AC!**

**\*\*There will be no laundry facilities so pack accordingly.\*\***



## **SAMPLE SCHEDULE**

**8 am – Morning Run/Stretch/Drills**

**9 am – Breakfast**

**10 am – Interactive Lecture/Skill**

**12 pm – Lunch/Rest**

**1:30 pm – Pool/Recreation**

**3 pm – Lecture/Afternoon Run/Training Specifics**

**5 pm – Free Time**

**6 pm – Dinner**

**7 pm – Guest Speaker**

**8 pm – Evening Activities**

**10 pm – Back to Dorm**

**11 pm – Lights out!**

**\*\*Sample schedule subject to change.\*\***