

BETHUNE-COOKMAN UNIVERSITY

TECHNICAL
SKILLS CAMP
LONG & TRIPLE
JUMP



Aug 5; Aug 7;
Aug 12; Aug
14; Nov 8; Nov
15, 2014

Who Can Enroll THIS CAMP IS OPEN TO ANY AND ALL ENTRANTS (LIMITED ONLY BY NUMBER, AGE, GRADE LEVEL AND /OR GENDER.) BOYS AND GIRLS OF ALL AGES THROUGH GRADUATING SENIORS ARE ELIGIBLE AS WELL AS COACHES. INDIVIDUALIZED INSTRUCTION WILL BE AVAILABLE FOR VARIOUS AGE DIVISIONS. APPLICATIONS ARE ACCEPTED ON A FIRST-COME BASIS.

Location THE CAMP IS LOCATED AT BETHUNE-COOKMAN UNIVERSITY IN DAYTONA BEACH, FL.

Training Schedule

EACH SESSION

WARM-UP
SKILL ASSESSMENT
RUNWAY KNOW-HOW
LONG JUMP SKILLS/DRILLS
TRIPLE JUMP SKILLS/DRILLS
TESTING

GET REGISTERED BY CLICKING THE LINKS BELOW

- 1) www.bcualetics.com
- 2) B-CU Technical Skills Camp Long Jump and Triple Jump Registration Form
- 3) Track & Field Camp Medical Release and History Form
- 4) Fax Number: 386-481-2238 Email: pricet@cookman.edu Questions call: 386-481-2113

Day Camp THE BETHUNE-COOKMAN TRACK AND FIELD CAMP IS A DAY CAMP ONLY. PARTICIPANTS CAN SIGN UP FOR EACH SESSION INDIVIDUALLY OR FOR MULTIPLE SESSIONS. CAMPERS WILL RECEIVE WORLD CLASS INSTRUCTION FROM THE COACHING STAFF OF BETHUNE-COOKMAN UNIVERSITY TRACK AND FIELD TEAM.

Cost WEEKDAY CHECK-IN BETWEEN 3:00 AND 3:30PM. CAMP SESSION STARTS AT 3:45PM AND ENDS AT 5:30PM TUITION: \$25.00; WEEKEND CHECK-IN BETWEEN 8:30 AND 9:00AM. CAMP SESSION STARTS AT 9:15AM AND ENDS AT 11:30AM TUITION: \$25.00; EXTRA \$25.00 IF YOU FILM AT THE CAMP EACH DAY. DISCOUNT FOR CAMPERS THAT ATTEND ALL SESSIONS \$120.00; DISCOUNT FOR CAMPERS THAT ATTEND ALL SESSIONS AND FILM \$200.00. **Make checks/money orders payable to B-CU Wildcat Track & Field Camps/clinics. No Refunds for Cancellations, unless weather prevents the camp from starting.**

Medical Attention A FULL-TIME TRAINER WILL BE ON STANDBY TO ADMINISTER TO MINOR INJURIES AND AILMENT. HOSPITALS ARE SECONDS AWAY FOR ANY MAJOR ISSUES. NO CAMPER WILL BE ALLOWED TO PARTICIPATE WITHOUT A COMPLETED APPLICATION AND CONSENT FORMS. YOUR PERSONAL INSURANCE WILL BE USED AS THE PRIMARY COVERAGE.

Camp Staff/Camp THE STAFF WILL CONSIST OF THE TRACK AND FIELD COACHES OF BETHUNE-COOKMAN UNIVERSITY: TYREE PRICE AND PIERRE BROWN. THE BCU TRACK CAMP COMPRISED OF AN EXPERIENCED STAFF OF PROVEN INSTRUCTORS FROM COACHING AND PERFORMANCE WHO CAN PROVIDE HANDS ON GUIDANCE FOR EACH SKILL.

Supervision, Discipline and Safety PARTICIPANTS WILL BE SUPERVISED AT ALL TIMES WHILE AT THE CAMP. ALL STUDENTS MUST CONFORM TO RULES OF CONDUCT AND BEHAVIOR. DISRUPTIVE BEHAVIOR MAY RESULT IN DISMISSAL FROM CAMP.

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HOW TO REGISTER FOR CAMP

Please complete the camp application and include full payment to reserve a place in camp. Register early to guarantee your spot in the camp.

Camp health record/waiver release form, sports medical exam are due a week before each session.

The sports medical exam form can be found at BCUATHLETICS.COM. All campers are required to provide proof of insurance.

Confirmation of receipt of application and full payment will be emailed to you.

CAMP APPLICATION

PLEASE PRINT CLEARLY

First Name: _____ **Last Name:** _____

Street _____ **City** _____ **State** _____ **Zip Code** _____

Parent's Home #: _____ **Parents Emergency Cell #:** _____

Parent's Email: _____ **Parent's Fax #:** _____

Age: ___ **Grade in June 2014:** ___ **School Name:** _____ **Coach's Name:** _____

___ **Male** ___ **Female**

___ **Session I Camper \$25.00**

___ **Session III Camper \$25.00**

___ **Session V Camper \$25.00**

___ **Combined Session Camper \$120.00 (Discounted Rate)**

___ **Combined Session Camper w/Video Taping (\$200.00)**

___ **Session II Camper \$25.00**

___ **Session IV Camper \$25.00**

___ **Session VI Camper \$25.00**

___ **Video Taping (\$25.00 per day)**

Signature of Parent/Guardian: _____

ALL FORMS AND PAYMENT ARE DUE ONE WEEK PRIOR TO CAMP DATE

Directions and other pertinent information can be found on our website at BCUATHLETICS.COM.

Make all checks/money orders payable to B-CU Wildcat Track & Field Camps/Clinics, and mail to Coach Tyree Price at 640 Dr. Mary McLeod Bethune Blvd., Daytona Beach, FL 32114. No refunds for cancellations, unless weather prevents camp from taking place.



CAMP WAIVER AND WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT FORM

I, (or hereinafter on behalf of my minor child) _____ (“Participant”), hereby acknowledge that Participant has voluntarily elected to enroll in the B-CU **Technical Skills Camp**, to be held in and around the campus of Bethune-Cookman University, 640 Dr. Mary McLeod Bethune Blvd. Daytona Beach, FL on **August 5th, August 7th, August 12th, August 14th, November 8th, and November 15th, 2014**. I further understand that if Participant is a minor, then I, as his or her parent or legal guardian must agree to all of the conditions set forth below on behalf of the minor even where the language is specifically directed to Participant. **In consideration for being permitted by the Bethune-Cookman University Dept. of Athletics to participate in the Program, I hereby acknowledge and agree to the following:**

PROMOTIONAL RIGHTS: As a condition of my participation, I hereby grant Bethune-Cookman University the right to use, for promotional purposes only, any photographs of me taken by B-CU, its employees or agents, during my participation in the Program. I further understand and agree that B-CU may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with the Athletics policies and procedures of B-CU. I further agree to abide by all the rules and requirements of the **Technical Skills Camp**. I acknowledge that B-CU has the right to terminate my participation if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program, or at the discretion of the Dept. of Athletics.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the **Technical Skills Camp**. I understand and agree that I will engage in physical activities, which may pose a risk of harm. I understand that these activities include but are not limited to: playing, observing or participating in Program activities and traveling to and from Camp events.

I further understand and agree that the risks involved in this Program may include, but are not limited to: travel to and from the **Technical Skills Camp** site, by private vehicle, common carrier, or a B-CU owned vehicle; injury resulting from athletic, physical or other game-related activities during the Camp as a result of the activity area's conditions, the acts of third parties or other unknown safety hazards; skin, eye, lung and ear irritation, injuries resulting from loss of balance; injuries resulting from lack of oxygen, injuries due to conditions of equipment, unpredictability of weather, negligent first aid operations, and other risks that may not be known to me or not reasonably foreseeable at this time and during my participation. These serious personal injuries and possible death may not only be a consequence of B-CU's actions, inactions, negligence or fault, but also the actions, inactions, negligence or fault of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, damage, disability, or death that I may sustain by any means is my sole responsibility, except as explicitly specified in this Agreement.

I further acknowledge that I have read and understand the NCAA Concussion Fact Sheet and am aware of the following information:



CAMP WAIVER AND WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT FORM

1. A concussion is a brain injury for which I am immediately responsible for reporting to B-CU Dept. of Athletics' camp physician, trainer or counselor.
2. A concussion can affect my ability to perform everyday activities, including reaction time, balance, sleep, concentration and classroom performance.
3. It is my responsibility to report to the B-CU Dept. of Athletics' **Technical Skills Camp** counselor if I receive a blow to the head or body and experience signs or symptoms of a concussion or brain injury, which may include: headache, blurred vision, weakness in one arm or leg, loss of consciousness, stumbling, loss of balance, nausea/vomiting, confusion, memory loss, or change in personality (including irritability and depression). I understand that I must report this immediately and as soon as I am physically capable of doing so.
4. I may notice some symptoms of a concussion immediately, but other symptoms may show up hours or days after the initial injury. It is my responsibility to report any delayed signs or symptoms to the B-CU Dept. of Athletics' **Technical Skills Camp** counselor.
5. If I suspect a fellow camper has a concussion, I am responsible for immediately reporting his or her injury to the B-CU Dept. of Athletics' **Technical Skills Camp** counselor.
6. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-like symptoms until I am cleared by a member of the B-CU Dept. of Athletics' staff.
7. Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to accurately report all continuing signs and/or symptoms if I have been diagnosed with a concussion.

ASSUMPTION OF RISK: I understand and acknowledge that there are potential dangers incidental to my participation in the **Technical Skills Camp**, including risks of damage, bodily injury and possibly death as described throughout this Agreement. The risks may result from the activity itself, from the acts of others, from use of equipment or unavailability of emergency medical care. I understand that there are risks attendant to physical activities associated with the Program and that there are potential dangers which may expose me to the risk of personal injuries, or even death. In addition, I understand that participation in the **Technical Skills Camp** involves activities incidental thereto, including, but not limited to, travel to and from the site of the Program, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to: travel to and from Bethune-Cookman University via private vehicles, common carriers, or B-CU owned vehicles, local transportation to and from the campus, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of B-CU, and that there may be other risks not known to me or not reasonably foreseeable at this time.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEE, UNLESS THE RISKS ARISE FROM THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT and I assume full responsibility for my participation in the **Technical Skills Camp**.



CAMP WAIVER AND WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT FORM

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** B-CU, including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at B-CU 's direction (collectively referred to as "Releasees"), for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of my participation in the **Technical Skills Camp**, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEE, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT, TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY LOCATION ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.**

I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent or grossly negligent acts or my own intentional misconduct and I hereby release Releasees from any liability for the same.

B-CU expressly disclaims liability for actions of third parties, which includes but is not limited to students, agents or volunteers who are not acting under the direction and control of B-CU. I hereby release Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of actions of any third parties who are not Releasees.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEE OR OTHERWISE, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

I further agree that, in the event that I or any of my family members, personal representatives, heirs, executors, administrators, agents, assigns or any other third party attempts to assert any claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death to me, including but not limited to any injury resulting from my own negligence, gross negligence or intentional misconduct during or related to the Program, **I AGREE TO DEFEND AND INDEMNIFY RELEASEES AGAINST SUCH CLAIMS, DEMANDS, CAUSES OF ACTION (KNOWN OR UNKNOWN), SUITS, AND/OR JUDGMENTS OF ANY AND EVERY KIND (INCLUDING ATTORNEYS' FEES) TO THE FULLEST EXTENT PERMITTED BY LAW.**

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the **Technical Skills Camp** personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require while participating in the Program except for medical costs arising from an injury that I sustain that is the direct result of Releasees' negligence or gross negligence or intentional misconduct. I understand and agree that Releasees shall not in any way be responsible for other contingent losses arising from any injury I sustain that is not the result of Releasees' negligence, gross negligence or intentional misconduct.



CAMP WAIVER AND WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT FORM

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the **Technical Skills Camp** and that I do not have any medical record of history that could be aggravated by my participation in the Program. I further attest that I am physically and mentally fit to participate in the Program, and that I am responsible for consulting with my health care provider towards this end.

RESPONSIBILITY FOR REPORTING INJURIES: I acknowledge that I must be an active participant in my own healthcare and as such, it is my responsibility to report all injuries and illnesses, including signs and symptoms of concussions, to a B-CU Dept. of Athletics qualified health care provider. **I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the B-CU Dept. of Athletics health care provider.**

MEDICAL CONSENT: I understand and agree that **B-CU** may not have medical personnel available at the location of the **Technical Skills Camp**. In the event of any medical emergency, I (**initial one**) do _____ do not _____ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that B-CU Dept. of Athletics personnel deem necessary for my safety and protection. I understand and agree that B-CU assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I further understand that in the event that I experience any condition requiring emergency medical treatment, B-CU Dept. of Athletics may direct that I be transported to the hospital for such care.¹

NON-EMPLOYEE STATUS: I understand and acknowledge that in participating in the **Technical Skills Camp**, I am doing so independently and that I am not an employee or agent of Bethune-Cookman University. I understand and agree that as a non-employee that I am not entitled to receive compensation or any other employee benefit from B-CU for my participation in the Program.

CHANGE OF VENUE: B-CU Dept. of Athletics reserves the right to change the venue of the **Technical Skills Camp** to a similar venue or to change the dates of the Program if the original venue is not available on the originally planned date. Such change of venue or schedule shall not void this Agreement.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Florida.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement. I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.



CAMP WAIVER AND WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT FORM

By: _____

Date: _____

Printed Name: _____

Attest: _____

Athletic Director, B-CU Dept. of Athletics

Date: _____

¹[NOTE: In the event that a participant expressly declines medical treatment on the waiver, an officer at the institution should immediately have a conversation with the participant (or guardian) to ensure that the participant fully understands the risks of declining medical treatment. The participant should also be informed that if he or she reasonably appears to be experiencing an emergency medical condition, the institution will transport the participant to the hospital. In the event that a participant who has declined medical treatment experiences an injury or medical condition that appears to require emergency treatment, the institution should transport the student to the hospital's emergency room. Such transportation is authorized under the federal Emergency Medical Treatment and Active Labor Act (EMTALA), which mandates medical screening examination and treatment for all patients presenting to an emergency department with an emergency medical condition. Neither parental nor patient consent may be needed for such care. Moreover, once the participant is at the hospital, the institution should ensure that the examining health care provider (not the institution) fully explains the risks of not proceeding with treatment to the participant. The treating physician should also document the participant's refusal of medical treatment in writing. If the participant is comatose and unable to decline medical treatment but previously declined medical treatment in his or her waiver, he or she should also be transported to the emergency room.]