



Vasa Ski Club (VSC) Cross Country Ski Summer Camp

Traverse City, Michigan

8/1/17 – 8/3/17

DH Day Group CampSite, Glen Haven, MI



Open to Nordic Skiers age 13-19 and Coaches

Entry Fee: \$35 for VSC Junior Members \$50 for non Members

Tentative Ski Camp Schedule*

Tuesday, August 1	10:00 am	Meet at Glen Haven Beach for 1.5 hr Hike /Swim/Lunch
	12:30 p.m.	Check in and set up in Group Camp Site #4
	1:30 p.m.	Roller Ski – warm up / agility / drills / cool down 2 Hrs
	3:30 p.m.	Hike, Bike, Rollerski to Beach/ Swim
	5:00 p.m.	Dinner/ 6:30 PM Dunes to Lake M / 9PM Campfire, 10:00PM – 6 AM Quiet Hours
Wednesday, August 2	7:00 a.m.	Breakfast
	8:30 a.m.	Dry-land Techniques / Classic Roller Ski or DP /swim
	11:30 a.m.	Lunch
	2:30 p.m.	Roller-ski Session / swim
	5:00 p.m.	Dinner, then evening hike, Bike or roller-ski / beach fire
Thursday, August 3	7:30 am	Breakfast
	8:00 a.m.	Roller-ski or easy distance activity of choice (student group consensus) (hash run style) – check out deadline - Noon

*Full detailed itinerary will be provided via email to verify registration

*RSVP to Coach Kostrzewa VIA Text or Email

Contact info:

- John Kostrzewa (TC HS Coach) – cell/text 231-357-5346 – jfkostrzewa@gmail.com
- Eric Okerstrom (TC HS Assistant Coach) – cell/text 231-642-1797 – erico@hagerty.com

Location: DH Day Group Campsite – located in the Sleeping Bear National Lakeshore, Glen Haven MI

Directions: Google Maps to DH Day Group Campsite (just south of regular campsite)

Bring:

<input type="checkbox"/> Eye protection	<input type="checkbox"/> Roller Skis – classic & skate (just skate will work)	<input type="checkbox"/> Bounding poles	<input type="checkbox"/> Work-out clothes
<input type="checkbox"/> Ski Boots	<input type="checkbox"/> Bicycle (preferably mountain bike)	<input type="checkbox"/> Camping gear	<input type="checkbox"/> Swim suit
<input type="checkbox"/> Poles w/ferrules	<input type="checkbox"/> Sunblock	<input type="checkbox"/> Sleeping bag	<input type="checkbox"/> Mask / fins / snorkel etc.
<input type="checkbox"/> Helmet	<input type="checkbox"/> Bug repellent	<input type="checkbox"/> Tent (or arrange sharing)	<input type="checkbox"/> Tube / inflatable raft
<input type="checkbox"/> Gloves	<input type="checkbox"/> Running shoes / extra socks	<input type="checkbox"/> Drink bottle and holster	<input type="checkbox"/> Light rainwear



Vasa Ski Club (VSC) Cross Country Ski Summer Camp

Traverse City, Michigan

8/1/17 – 8/3/17

DH Day Group CampSite, Glen Haven, MI



Name: _____ (First Name) _____ (Last Name)
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Age (as of 12/31/17): _____ Birthdate: _____ Gender: []M []F Grade: _____
Team/Club: _____ Coach: _____

Technical shirt size (check one): [] XS [] S [] M [] L [] XL

Fees: [] \$50
[] \$35 for Vasa Ski Club Junior Members

Total Amount Enclosed: _____ Make check payable to: Vasa Ski Club

Return skier entry forms and fee postmarked by Wednesday July 26, 2017

Mail to: Vasa Ski Club Summer Ski Camp c/o John Kostrzewa
503 Bloomfield Rd
Traverse City, MI 49686



SIGN RELEASE FORM BELOW

Release and Indemnity Agreement, Assumption of Risk, 8/01/17 – 8/3/17
In consideration of myself or my child being permitted to participate in any way in the Vasa Ski Club Summer Ski Camp (August 1 - 3, 2017), I represent that I do, on behalf of myself OR my child:

- 1. Acknowledge, agree and represent I fully understand the nature of Roller Skiing, Nordic ski training plus other training camp activities and that I or my child are qualified, in good health, and in proper physical condition to participate in such activity.
2. Fully understand that (a) the Nordic Ski Training and Skiing in general involves risks and dangers of serious bodily injury (b) these risks and dangers may be caused by my own (or my child's) actions or inactions, or the actions or inactions of others participating in the Vasa Ski Club Summer Ski Camp and/or the condition of property on which the Vasa Ski Club Summer Ski Camp takes place.
3. I hereby agree, for myself and for my child to release, discharge and covenant not to sue the above listed organization Vasa Ski Club Summer Ski Camp or its parent organization, its respective administrators, directors, agents, officers, members, volunteers, and employees, any sponsors, advertisers, and if applicable, owners and leasers of premises of property on which the Vasa Ski Club Summer Ski Camp takes place (each considered one of the "Releasees" herein), from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise. I fully accept and assume all such risks and responsibility for losses, costs, damages I or my child incur as a result of my or my child's participation in the Vasa Ski Club Summer Ski Camp. My signature signifies that I fully understand and agree to be bound by this Release and Waiver Agreement, for myself and for my underage child (if applicable), and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature: _____ Date: _____

Parent Signature (if child is under the age of 18): _____ Date: _____



Vasa Ski Club (VSC) Cross Country Ski Summer Camp

Traverse City, Michigan

8/1/17 – 8/3/17

DH Day Group CampSite, Glen Haven, MI



ATHLETE EMERGENCY INFORMATION

Name: _____
(First Name) (Last Name)

Address: _____ City: _____ 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 participating in VSC Cross Country Ski Summer Camp:

If unable to contact parent(s), call:

- Emergency Contact: _____
- Emergency Phone: _____

Medical History (current/past), e.g. Allergies/Handicaps/Asthma/Current Medications

My child has medical insurance: YES No

Name of Insurance Provider: _____

In case of serious accident, illness, or emergency requiring immediate medical attention and team coaches are unable to locate me, I hereby authorize my child to be taken to the nearest emergency room.

Parent/Guardian Signature

Date