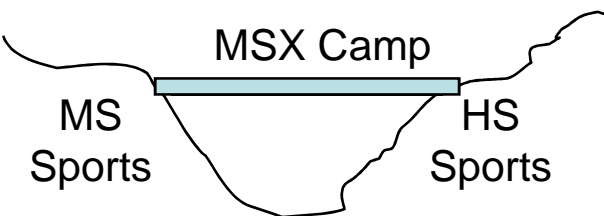


## PRIMARY OBJECTIVE

To train Middle School athletes aerobically to better prepare them for any High School sport and beyond



## CAMP STAFF

### **Shelley Persinger**

BA B & G Club Aquatics Director  
4-time US Olympic Team member  
258-7545

### **Shane Messinger**

Head Varsity Coach, BAHS Former  
ORU XC & Track Athlete 814-0526

### **Ronda Lau**

Asst. Varsity Coach, BAHS  
Former ORU XC & Track Athlete

## WHAT TO BRING

high quality, new(er) shoes



digital wrist watch



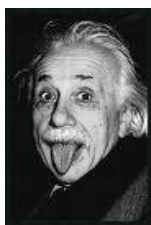
1-piece suit, goggles, & towel



commitment & readiness to train



desire for fun



*Parents are responsible for daily transportation to and from the Camp.*

## REGISTRATION INFO

**Cost: \$155**

includes t-shirt, 1 year membership to B & G Club facilities, and use of BAPS facilities during Camp

**Make 2 checks payable to:**

- 1. Shane Messinger for \$120**
- 2. Salvation Army for \$35**

**Bring proof of insurance**

*Full payment and completed Form is required prior to the start of Camp.*

*Late registration can be done from Jun 2-4 at the B&G Club for an additional \$20 fee.*

## REGISTRATION DAY

**Monday, June 1  
6:00 PM**

**Fieldhouse at the Track @  
South Int. HS**

on 101<sup>st</sup> between Elm and Lynn Lane

**bring proof of insurance**

# REGISTRATION FORM

PLEASE PRINT

Runner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age at Camp: \_\_\_\_\_ Grade to be: 6 7 8

School: \_\_\_\_\_

Ran XC on a team before? YES NO

T-Shirt Size: S YS YM YL S M

I certify that my child has permission to attend this camp, that my child is in good health and is prepared to handle the equivalent, physical demands of running at least a 10 mile per week regimen. I hereby assume all risks of his/her personal injury that may result from camp activity or thereafter. I release BAPS and all Coaches and participants from all liability for injury which may result from camp participation. I hereby authorize camp staff to act for me in according to their best judgment in case of a medical emergency. I agree to assume all medical costs to such treatment.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# DAILY SCHEDULE

**Mon - Wed**

**6:00 - 7:00 AM**

**SWIMMING**

**Boys & Girls Club**

on 91<sup>st</sup> between Aspen and Elm

**Tue - Thu**

**6:00 - 8:00 AM**

**RUNNING / LIFTING**

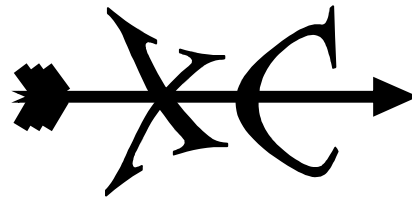
**The Track @ South**

on 91<sup>st</sup> between Aspen and Elm

## WHO CAN JOIN?

**Athletes entering grades 6 - 9**

**Camp is Sponsored by:**



**Broken  
Arrow**

# Middle School Extreme Aerobic Conditioning Camp

***ALL SPORTS  
WELCOME***

**Weekday Mornings**

**Mon - Tue - Wed - Thu**

**5 weeks: June 8 - July 9**