

Track and Field Camp

Track and Field Academy @ Trinity University

2009

Camp Director David Svoboda david.svoboda@hotmail.com or 773-209-0084

Location E.M. Stevens Stadium located on Trinity University's Campus

Speed Camp June 08-12 (Monday – Friday) 8:30 am – 11:30 am Ages 8 – 18
Speed Training and Development

Event Sessions June 08-12 (Monday – Friday) 12:30 pm – 4:30 pm Ages 12 – 18
Monday - Shot Put
Tuesday - Discus
Wednesday - Hurdles
Thursday - Long/Triple Jump
Friday – High Jump

Cost Speed Camp = \$120, Event Sessions = \$40 (\$150 for four or more event sessions)
Make checks payable to "David Svoboda"

Registration Deadline Deadline is June 1, 2009. On-site and late registration is available for an additional \$20.00 fee. No refunds after June 1, 2009.

Objectives and Benefits Each camper will receive a T-shirt and a video of their technique on CD
The objective of the speed camp is to acquaint athletes with proper training techniques and motor development for maximum performance in high speed running. Athletes will be taught progressive training methods in event sessions. They will be exposed to the latest research in training, flexibility, weight training methods and techniques in specific track and field events. TU head coach David Svoboda and the TU Coaching staff, along with several collegiate athletes will provide personalized instruction. These camps offer opportunities for development for athletes learning the basics as well as those trying to fine tune their performances. This includes general training and specific technique of Sprints, Hurdles, Jumps, and Throws.

Name: _____ SS# _____ - _____ - _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Email (print clearly): _____ Cell: (____) _____
T-Shirt Size: _____ Age: _____ Height: _____ Weight: _____ Check One: Male Female
Grade (Spring '09): _____ School Attending: _____
Method of Payment: Cashier's Check Check # _____ (\$25 charge on returned checks)

I hereby authorize the staff of the Track & Field Camp at Trinity University, and its affiliates, to act for me according to their best judgment in any emergency requiring attention. I hereby waive and release the Track & Field Camp at Trinity University, its affiliates, coaches, and facilities of all legal responsibility in the event of an injury to my child. I know of no mental or physical problems that might affect my child's ability to safely participate in this program. I will be responsible for any medical or other charges in connection with his or her attendance at the program. Any health or medical problems concerning my child have been listed on the area provided:

Insurance Company: _____ Policy #: _____
Parent/Guardian Signature: _____ Date: _____
Social Security #: _____

Mail completed application & payment to:
David Svoboda, 1035-A Shook Ave, San Antonio, TX 78212

****NOT AFFILIATED WITH TRINITY UNIVERSITY****