

2010 Summer Camp



TR2 staff



Pete Jones
(Head Coach)

- Regional Certified Coach
- 20 years coaching experience
- Coaching elite athletes at the NorAm level since 1998



Bill Marceau Director
(Head FIS Coach)

- National Certified Coach
- 30 years coaching experience
- Coaching elite athletes to US Nationals since 1982

Apex Staff

Ty LaTourneau
Mark Lindemer

Additional coaches as needed

We are excited to announce that this year's summer camp will be in Mount Hood Oregon. Located just an hour East of Portland, Mt. Hood offers some of the world's best summer skiing and training facilities. In addition, our athletes will have the opportunity to take advantage of many summertime activities such as mountain biking, hiking, golf, and much more.

We are offering a 5 day camp for High School athletes to come out and train slalom with us for the first 5 days of camp. This is an opportunity for HS athletes to train and learn from certified USSA coaches on one of the best summer training venues in the world.

On an average day a racer can expect to achieve a full session of quality gate-training runs, which translates to great practice and advanced learning. Our athletes will have the opportunity to train with other skiers of their caliber, as well as athletes who challenge them to achieve their maximum potential. Training opportunities will include Slalom and Giant Slalom with a very low athlete to coach ratio.

Daily mandatory dryland activities will blend the enjoyment of the outdoors in the Cascade Mountains and complement our on-snow training. Daily video analysis sessions will be provided in the evening to give athletes a visual learning tool for improving the funda-



Schedule

- 6:30 Wake Up
- 6:45 Breakfast
- 7:15 Leave for the mountain
- 7:30 Load Lifts
- 8:00 Meet with Coach/ Training
- 12:30 Lunch
- 2:30 Afternoon Activities
- 6:30 Dinner
- 7:30 Video/Meeting
- 9:45 Lights Out

Lodging and Meals

Athletes will be staying at the Cooper Spur Inn located just East of Government Camp. The accommodations are first class with all of the comfortable amenities from home. An adult will be staying in each unit for supervision. Nutritious meals will be served in the on site restaurant with snacks available to take on the mountain.

What to Bring

Helmets are required for all athletes at Three Rivers Racing camps. Please keep in mind that we will be skiing in mountain conditions, so any type of weather is possible! Make sure each athlete is prepared for sun, snow, wind and rain! Adequate sun protection is crucial, as is adequate full-body rain gear. We may be skiing in all conditions, as weather permits.

"Dedicated to the teaching, coaching and mentoring of young athletes through the sport of alpine ski racing!"

CAMP DATES

June 21-30, 2010

June 21-26 HS SL only

CONTACT

Three Rivers Ski Racing, Inc.

5400 Opportunity Court, Suite 150
Minnetonka, MN 55343

Phone: 952-746-5261 - Bill Marceau

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E-mail: bmarceau@northland-financial.com

E-mail: pjones@threeriversskiracing.com

www.threeriversskiracing.com



2010 Summer Training Camp Registration



Please use a separate registration for each athlete.

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Email Address: _____

Age: _____ Date of Birth: _____ Gender: _____

Years Skiing: _____ Years Racing: _____ Ski Team: _____

Camp Information

- Full Camp: June 21st– June 30th Price: \$ 1,895.00 cash \$1965.00 credit
- HS 5 Day : June 21st– June 26th Price: \$ 1,195.00 cash \$1240.00 credit
- Deposit of \$ 550 Due by April 30, 2010
- Full Balance Due May 30, 2010
- **REFUND POLICY: Camp fees are refunded by May 30th, 2010, subject to a \$100 administration fee. No refunds available if cancellation occurs after June 1st, 2010.**
- Camp costs are all inclusive– *excluding airfare.*
- Please make checks payable to Three Rivers Racing, Inc. or to pay by credit card:

Visa/MC _____ Exp: _____

Signature _____

***Please send to Three Rivers Racing Inc., 5400 Opportunity Ct. Ste. 150, Minnetonka, MN 55343**

Travel Information

- Please schedule arrivals into Portland airport before 3:00pm and departures from Portland airport after 5:00pm on scheduled travel days (Arrive June 21st, depart June 30th).
- Please attach a flight itinerary. If you are not traveling by airplane, please attach your travel plans.



Important Medical Information



Family Doctor: _____ Phone: _____

Address: _____ City, State, Zip: _____

Emergency Contact (other than parent/ guardian): _____

Phone: _____

Allergies: _____

Medications: _____

Age: _____ Date of Birth: _____ Gender: _____

Years Skiing: _____ Years Racing: _____ Ski Team: _____

Medical Release

A LEGIBLE COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS FORM

Athlete Name: _____

Medical Insurance Company & Policy #: _____

AS PARENT/GUARDIAN, I HEREBY AUTHORIZE THREE RIVERS RACING, AND/OR THEIR NAMED COACHES, TO SECURE ANY HOSPITAL, MEDICAL, DENTAL OR SURGICAL CARE, TREATMENT, AND/OR PROCEDURES FOR THE ABOVE NAMED ATHLETE. I ALSO CONSENT THAT IN THE EVENT OF INJURY TO THE ATHLETE, COACHES CAN SIGN FOR THE ATHLETE TO RECEIVE CARE, TREATMENT, AND/OR PROCEDURES, UNDER THE INSTRUCTIONS AND DIRECTIONS OF THE LICENSED PHYSICIANS ON CALL AT THE EMERGENCY ROOM OF THE NEAREST HOSPITAL OR EMERGENCY FACILITY. THE COACHES SHALL NOTIFY THE PARENT/GUARDIAN AT THE EARLIEST POSSIBLE TIME DURING OR AFTER SUCH CARE, TREATMENT, AND/OR PROCEDURES. PARENT/GUARDIAN KNOWINGLY AND VOLUNTARILY CONSENTS IN ADVANCE TO SUCH CARE, TREATMENT, AND/OR PROCEDURES TO ENCOURAGE THE PHYSICIANS AND COACHES TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENT OF SUCH CARE, TREATMENT, AND/OR PROCEDURES. PARENT/GUARDIAN SPECIFICALLY INDEMNIFIES AND HOLDS HARMLESS THREE RIVERS RACING AND THEIR NAMED COACHES FROM ANY AND ALL COSTS ARISING OUT OF SUCH CARE, TREATMENT, AND/OR PROCEDURES.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____ DATE: _____

Waiver and Release of Liability

In consideration for the rights and privileges associated with participation in Three Rivers Racing, Inc. camps and training, I acknowledge and agree to be bound by the following:

- IDENTIFICATION OF RISKS:** I understand that participation in any skiing activity, including but not limited to preparation for, participation in, coaching and related activities in this alpine ski racing program, involves risks of serious injury, including permanent disability, death, and other losses, both to me and my property. I understand that these injuries and losses might result not only from my actions, but the actions inactions, or negligence of others.
- ASSUMPTION OF THE RISK:** I agree that I am responsible for my safety while participating in the program and that such responsibility includes participating in the program only A) when I am both physically and psychologically prepared to participate safely, B) After fully familiarizing myself with the venue before beginning the program, and C) While using the equipment of a type and condition reasonably necessary to safely participate in the program, I assume all risks connected with responsibility for any injury or loss connected with my participation in the program.
- WAIVER:** Aware of the risks and willing to assume them, I hereby waive, release, and hold harmless Three Rivers Racing, Inc., The United States Ski and Snowboard Association, The United States Ski Team, The United States Ski Coaches Association, and each of those organizations affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (release "parties") from all claims by me for any liability, injury, loss, or damage in any way connected with my participation in the program, except where caused by the gross negligence or willful or wanton misconduct of any of the released parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim on my behalf.
- APPLICABLE LAW:** THIS WAIVER AND RELEASE INFORMED UNDER AND IS TO BE INTERPRETED CONSISTENT WITH LAWS OF THE STATE OF MINNESOTA.
- INSURANCE:** I currently have, and agree to maintain throughout the time that I participate, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

ATHLETE SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

IF ATHLETE IS UNDER AGE 18, LEGAL PARENT OR GUARDIAN MUST SIGN BELOW.

THIS IS TO CERTIFY THAT, AS PARENT/GUARDIAN OF THIS PARTICIPANT, I DO CONSENT TO HIS/HER AGREEMENT TO BE BOUND BY EACH OF THE TERMS AND CONDITIONS IDENTIFIED ABOVE.

PARENT/GUARDIAN SIGN: _____ PRINTED NAME: _____ DATE: _____