

USATF WOMEN'S JUNIOR ELITE TRACK & FIELD TRAINING CAMPS, 2002
ARCO - U.S. Olympic Training Center, San Diego, California

EVENT CAMPS, DATES, AND SPACE ALLOCATIONS:

THROWS (SP, D, J, H)	Thursday, July 4 – Monday, July 8	25
JUMPS (LJ, TJ, HJ, PV)	Thursday, July 4 – Monday, July 8	25
SPRINTS (100-800)	Monday, July 8 – Friday, July 12	20
HURDLES(100H,400H) & HEPTATHLON	Friday, July 12 – Tuesday, July 16	20
DISTANCE (1500-)	Monday, August 5 – Saturday, August 10	35

FOR:

Elite USA high school female track and field athletes and their coaches. Athletes must not have graduated from high school prior to 2002. The camps are limited to athletes who are USA citizens, eligible for participation on the USA Olympic team. A coach (maximum of one per athlete) is strongly encouraged to apply for and attend the respective camp with his/her athlete. Athletes may, but are not encouraged to, attend without a coach. Coaches may not attend without a qualified athlete.

Each camp is limited to the total athletes/coaches/staff specified above. The first qualified athletes (including coaches) who submit complete applications will be admitted. Incomplete applications, and applications received without the complete registration fee (\$25), will be returned. Complete/qualified applicants received after the camp has been filled will be listed as alternates in the order received. Applicants will be notified of their status shortly after the applications are received.

QUALIFYING STANDARDS:

Athletes must have achieved the respective standard between 1/1/2001 and the first day of the respective camp, in a bona fide track & field competition (i.e., legal track/field facility, no practice trials, no wind-aided marks, no relay times, no cross country or road race marks). Times listed for running events 100m-800m are fully-automatic times. If marks in these events are achieved with hand timing, you must add .24 seconds to your time for the 100m, 200m, or 100mH; and .14 for 400m, 800m, & 400mH/300mH. The athlete/performance must be on the USATF junior/HS lists, or verified by including official meet results (with wind-readings, etc. as relevant) with the application

QUALIFYING STANDARDS

100m	11.74
200m	23.84
400m	54.24
800m	2:10.44
1500m/1600m/Mile	4:35.0/4:54.0/4:56.0
3000m/3200m	9:58.0/10:38.0
100mH(33")	14.04
400mH/300mH	61.44/43.24
Long Jump	5.94m (19' 6")
Triple Jump	12.19m (40' 0")
High Jump	1.77m (5'9 3/4")
Pole Vault	3.86m (12' 8")
Shot Put	14.32m (47' 0")
Discus	47.24m (155')
Javelin	45.42m (149')
Hammer	47.24m (155')
Heptathlon	4600 points

CURRICULUM:

Camp activities include classroom and field instruction on the fundamentals of training and competition, presented by the nation's finest track/field coaches and scientists. Emphasis is placed on the scientific (physiological, biomechanical, psychological/sociological, nutritional, etc.) aspects of development.

APPLYING FOR THE CAMP: (Application forms may be copied, if additional forms are needed.)

An application-invitation process is necessary to guarantee that the total enrollment for each camp will not exceed the numbers which the USOC has allotted. Apply Early. Please do not FAX or e-mail applications. All forms must be completed in detail and submitted with the registration fee (\$25) for applicants to be considered for invitation. Incomplete applications, and those received without the registration fee, will be returned.

APPLICATION CHECKLIST:

Athlete:

- _____ ATHLETE APPLICATION FORM, with signature(s)
- _____ USOTC PARTICIPANT BIOGRAPHY form
- _____ USOTC WAIVER AND RELEASE OF LIABILITY form, with signature(s)
- _____ USOTC PARTICIPANT CONSENT form, with signature(s)
- _____ USOTC PARTICIPANT CONDUCT form, with signature(s)
- _____ USOTC MEDICAL HISTORY QUESTIONNAIRE, with signature
- _____ \$25 registration fee, payable to - *USATF Development Projects*

Coach:

- _____ COACH APPLICATION FORM, with signature
- _____ USOTC PARTICIPANT BIOGRAPHY form
- _____ USOTC WAIVER AND RELEASE OF LIABILITY form, with signature(s)
- _____ USOTC PARTICIPANT CONSENT form, with signature(s)
- _____ USOTC PARTICIPANT CONDUCT form, with signature(s)
- _____ USOTC MEDICAL HISTORY QUESTIONNAIRE, with signature
- _____ \$25 registration fee, payable to - *USATF Development Projects*

Mail applications to - Lyle Knudson, PO Box 4805, Frisco, CO 80443-4805.

INVITATIONS:

Applications will be processed when received (beginning immediately). Invitations will be mailed upon processing, until the camps are full. Invitations will be accompanied by additional information (advise on clothing and equipment to bring, local transportation from/to the San Diego Airport, etc.). Applications received after the camp is filled will be held as alternates in case invited athletes/coaches can not attend. Affected athletes/coaches will be so informed.

COSTS:

The athlete and coach must provide for and arrange their own transportation to/from San Diego. Transportation from/to the San Diego Airport to/from the U.S. Olympic Training Center (USOTC) will be provided on the first/last days of the camps by the USOTC. Housing and meals will be provided at the USOTC, paid for by the USOC. Allocations from the USATF Women's Development Committee will pay for the other expenses of the camps. The registration fee of \$25 per each athlete and each coach will help defray these expenses. Make checks payable to - *USATF Development Projects*.

CAMP REQUIREMENTS:

All athletes/coaches must attend and participate the full duration of the camp, from not later than 5pm on the first day of the camp, through noon on the last day. Athletes/coaches who can not attend and participate the full duration of the camp should not apply. Athletes must be able to participate in on-the-field activities, so therefore should not attend if injuries or illness prevents at least moderate physical activity.

According to USATF's Memorandum of Agreement with the USOC, the USOC may initiate drug testing during any program at the Olympic Training Center. Therefore, all participants in the camps must agree to submit to drug testing if requested by the USOC medical staff.

FOR FURTHER INFORMATION, contact - Lyle Knudson, USATF Jr. Elite Camps Coordinator, 970: 668-8593 phone or lknudson@colorado.net e-mail.

ATHLETE APPLICATION FORM
 USATF WOMEN'S JUNIOR ELITE TRACK & FIELD TRAINING CAMPS, 2002

EVENT CAMP (check only one; if applying for two separate camps, complete two separate applications):

- | | |
|---|--|
| <input type="checkbox"/> THROWS (SP, D, J, H) | Thursday, July 4 – Monday, July 8 |
| <input type="checkbox"/> JUMPS (LJ, TJ, HJ, PV) | Thursday, July 4 – Monday, July 8 |
| <input type="checkbox"/> SPRINTS (100-800) | Monday, July 8 – Friday, July 12 |
| <input type="checkbox"/> HURDLES(100H,400H) | Friday, July 12 – Tuesday, July 16 |
| <input type="checkbox"/> HEPTATHLON | Friday, July 12 – Tuesday, July 16 |
| <input type="checkbox"/> DISTANCE (1500-) | Monday, August 5 – Saturday, August 10 |

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

High School _____ Year To Graduate _____ Birth Date ____/____/____

Coach _____ Home Phone _____ Business _____

Phone _____

Address _____ City _____ State _____ Zip _____

EVENT(S)	BEST TIME/DISTANCE	MEET, LOCATION	DATE

Statement of Agreement - "I, the undersigned, agree that if invited to a USATF Jr. Elite Training Camp, USA Olympic Training Center, San Diego in 2002, I will abide by the rules and regulations of the USA Olympic Committee established for living and participating at the training camp. I will furnish my own training apparel, including appropriate shoes, clothing, and implements. I understand that I must provide and arrange for my own transportation to/from San Diego. I agree to submit to drug testing if requested by the USOC medical staff. I further agree that barring illness, accident, or conditions beyond my control, I will complete the entire training camp session. If after being invited, I can not attend, I will notify the camp coordinator, Lyle Knudson, 970-668-8593 or lkudson@colorado.net, immediately."

Signature of Athlete _____ Date _____

Signature of Parent/Guardian, if under 18 _____

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COACH APPLICATION FORM

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

School (or club) _____

Qualified Athlete(s) Who Has(Have) Applied For This Training Camp -

Statement of Agreement - "I, the undersigned, agree that if invited to a USATF Jr. Elite Training Camp, USA Olympic Training Center, San Diego in 2002, I will abide by the rules and regulations of the USA Olympic Committee established for living and participating at the training camp. I understand that I must provide and arrange for my own transportation to/from San Diego. I further agree that barring illness, accident, or conditions beyond my control, I will complete the entire training camp session. If after being invited, I can not attend, I will notify the camp coordinator, Lyle Knudson, 970-668-8593 or lkudson@colorado.net, immediately."

Signature of Coach _____ Date _____

UNITED STATE OLYMPIC TRAINING CENTER

PARTICIPANT BIOGRAPHY

Date: _____ Program Name: _____ Sport: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____
LAST FIRST MIDDLE

Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Country: _____ Social Security Number: _____ - _____ - _____
Gender: Male Female Birth Date: _____
US Citizen: Yes No If No, what nationality? _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete Coach Official NGB Administrator
 Staff Trainer Intern Other: _____

Athletes: Please check your skill level for this program

Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship

National: NGB National Senior Team member or competition in a major international event within the last 12 months.

Junior National: NGB National Junior Team member or competition in a major international event within the last 12 months.

Development: Highly skilled athletes showing strong potential for growth and improvement

with

the objective of obtaining a higher skill level.

FOR OFFICE USE ONLY

Program # _____ Arrival _____ Departure _____
Location _____ Initials _____ AS400 _____

UNITED STATE OLYMPIC COMMITTEE

WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY TRAVEL, TRAINING, COMPETITION, MEETING OR TESTING SESSIONS. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ IT.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of **USA Track & Field**, this sponsoring organization at this United States Olympic Committee Training Center, I acknowledge, appreciate and agree that:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, DISABILITY AND DEATH, AND while particular rules of my sport, equipment, and personal training and discipline may reduce this risk, THIS RISK OF INJURY DOES EXIST, AS WELL AS THE RISK OF DAMAGE TO OR LOSS OF PROPERTY;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately, and,
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS, AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND MY NATIONAL GOVERNING BODY OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, VOLUNTEERS, STAFF, SPONSORS AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT, to the fullest extent permitted by law.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/or minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Legal Guardian Name (Printed) _____

PARTICIPANT CONSENT

TRANSPORTATION AND MEDICAL RELEASE

I hereby give my consent for the United States Olympic Committee (USOC) to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the program conducted at this United State Olympic Training Center (USOTC) under the auspices of USA TRACK AND FIELD.

If the program in which I am participating includes psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC.

DRUG USE AND BLOOD DOPING

I understand that drug testing may be conducted for athletes registered at the USOTC, and that detection of use of banned drugs would make me subject to suspension by my sport's National Governing body and the USOC for at least 6 (six) months.

By registering at the USOTC, I am subject to a drug test, if selected, and its penalties, if declared positive for a banned substance. If selected, I am aware that failure to comply with the drug test will be cause for the same penalties as for those who are positive for a banned substance.

I know that I may contact the USOC Sports Medicine Clinic for any questions about medications and banned substances or practices while at the USOTC, and may call the USOC Drug Hotline (1-800-233-0393) before or after my USOTC stay.

I further understand that the practice of blood doping is banned by the USOC and International Olympic Committee (IOC) and that to do so would make me subject to punitive action within existing policies.

X _____ Date Signed: _____
Participant Signature

FOR ATHLETES OF MINORITY AGE **(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA TRACK AND FIELD** at this USOTC.

X _____ Date Signed: _____
Parent/Guardian Signature

_____ Relationship: _____
Parent/Guardian Name (Please Print)

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this USOTC and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Visitors (non-residents) are prohibited in the dormitory areas or on the premises between 10:00 pm and 8:00 am daily.
4. Quiet hours are between 10:00 pm and 8:00 am daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e., blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state or local laws, or a violation of USOC policies and procedures
 - b. Gross misconduct (i.e., inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e., including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center.

X _____ Date Signed: _____
Participant Signature

FOR ATHLETES OF MINORITY AGE **(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA TRACK AND FIELD** at this USOTC.

X _____ Date Signed: _____
Parent/Guardian Signature

_____ Relationship: _____
Parent/Guardian Name (Please Print)

U.S. OLYMPIC TRAINING CENTER MEDICAL HISTORY QUESTIONNAIRE

NAME: _____ SPORT: _____
DATE OF BIRTH: _____ SEX: _____
EMERGENCY CONTACT: _____ PHONE NUMBER: _____

Please circle "yes" or "no" and provide additional details as requested on both sides of the form. All information is confidential.

- NO YES Are you allergic to any medications? (Aspirin, penicillin, sulfa, etc.) Please list: _____

- NO YES Are you allergic to any foods? Please list: _____
- NO YES Are you allergic to insect bites/stings? Please list: _____
- NO YES Are you allergic to any trees, plants, or animals? Please list: _____
- NO YES Do you regularly take any over-the-counter and/or prescription medication? (steroids, birth control pills, anti-inflammatories, antibiotics, topical medications, sprays/inhalers, etc.) Please give reasons: _____

- NO YES Do you regularly take any vitamins, minerals, herbs, or other supplements? Please list: _____
- NO YES Have you ever been told that you have (had) asthma or exercise induced asthma? List medication: _____

- NO YES Have you every had a seizure? Date of last seizure: _____
- NO YES Have you ever been told that you have epilepsy? List medications: _____
- NO YES Are you presently being treated for diabetes or high blood sugar? List medications: _____
- NO YES Have you ever been told that you were anemic? List dates: _____
- NO YES Have you ever been told that you have sickle cell anemia?
- NO YES Have you ever been told that you have sickle cell trait?
- NO YES Are you presently being treated for high blood pressure? List medications: _____
- NO YES Do you have, or have you ever had, heart disease? (murmur, rheumatic fever, stenosis)
List condition and dates: _____
- NO YES Do you have, or have you ever had, lung disease? (pneumonia, tuberculosis, etc.)
List condition and dates: _____
- NO YES Do you have, or have you ever had, kidney disease? (infections, kidney stones, blood in urine, etc.)
List condition and dates: _____
- NO YES Do you have, or have you ever had, liver disease? (mononucleosis, hepatitis, etc.)
List condition and dates: _____
- NO YES Do you have, or have you ever had, stomach disease? (ulcers, bleeding, etc.)
List condition and dates: _____
- NO YES Do you have, or have you ever had, frequent headaches? (migraines, tension headaches)
List condition and dates: _____
- NO YES Do you have, or have you every had a hernia or "rupture"? List dates, if repaired: _____
- NO YES Have you ever been knocked out or had a concussion or other closed head injury?
List dates: _____
- NO YES Have you ever stayed overnight in a hospital due to concussion or closed head injury?
List dates: _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your neck that disabled you for a week or longer?
List injury/dates: _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your upper back that disabled you for a week or

longer? List injury/dates: _____

NO YES Have you ever injured the bones, ligaments, nerves or discs of your lower back that disabled you for a week or longer? List injury/dates: _____

NO YES Have you ever had a broken bone or fracture? R or L List bone/dates: _____

NO YES Have you ever had a shoulder injury that disabled you for a week or longer? (dislocation, separation, etc.) R or L List injury/dates: _____

NO YES Have you ever had shoulder surgery? R or L What was done/why? _____ Date: _____

NO YES Have you had an elbow injury that disabled you for a week or longer? (dislocation, sprain, etc.) R or L List injury/dates: _____

NO YES Have you ever had elbow surgery? R or L What was done/why? _____ Date: _____

NO YES Have you had a wrist or hand injury that disabled you for a week or longer? (dislocation, sprain, etc.) R or L List injury/dates: _____

NO YES Have you ever had wrist or hand surgery? R or L What was done/why? _____ Date: _____

NO YES Have you ever been told that you injured the patella, patellar tendon, or front part of your knee? R or L List injury/dates: _____

NO YES Have you ever been told that you injured the cartilage/meniscus in your knee? R or L List injury/dates: _____

NO YES Have you ever been told that you injured the ligaments in your knee? R or L List injury/dates: _____

NO YES Have you ever had knee surgery? R or L What was done/why? _____ Date: _____

NO YES Have you had an ankle injury that disabled you for a week or longer? (sprain, strain, dislocation, etc.) R or L List injury/dates: _____

NO YES Have you ever had ankle surgery? R or L What was done/why? _____ Date: _____

NO YES Do you presently have a rod, pin, screw or plate anywhere in your body? Where? _____ Date: _____

NO YES Do you wear contact lenses while participating in your sport?

NO YES Do you wear any removable dental appliance? (circle those which apply)
REMOVABLE RETAINER REMOVABLE BRIDGE REMOVABLE PLATE

NO YES Are you missing one of a set of paired organs? (kidneys, eyes, testicles) Specify: _____

NO YES Do you have any other conditions you wish to make us aware? Specify & give details: _____

PLEASE GIVE THE DATES OF YOUR LAST IMMUNIZATIONS FOR:

Diphtheria _____ Tetanus _____ Measles _____ Influenza/Flu _____ Polio _____
Rubella _____ Hepatitis A _____ Hepatitis B _____ Mumps _____

FEMALE ATHLETES ONLY:

NO YES Are you pregnant, or do you suspect that you may be pregnant? (If the answer is "YES", this does not necessarily preclude sport participation. However, you must present clearance from a physician stating that sport participation will not be detrimental to the pregnancy.)

DISABLED ATHLETES ONLY:

NO YES Please indicate your disability and how it occurred. What & when? _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

ATHLETE SIGNATURE

DATE