

High Altitude Running Camp & Clinic



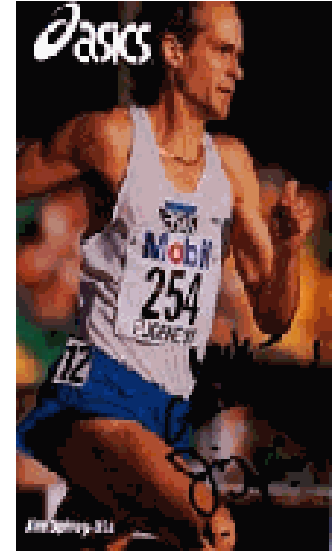
Monday-Friday, July 29– Aug. 2, 2013

Sponsored by *CTM*

WORLD CLASS GUEST SPEAKERS:

Our Camps have always included dynamic, inspirational speakers such as Jim King (left) who is the 3-Time winner of the Western States 100 Mile Run and Jim Spivey (right) who is a 3-Time Olympian. This year several other elite athletes and top coaches will be with us.

43rd Annual Running Camp & Clinic



Place...

The High Altitude Training Camp is located 40 miles from Grass Valley at 7,800 feet elevation (Directions to Campground along with other information will be mailed to you upon receiving your fee and application). There are excellent outdoor campground facilities in Alpine—meadow country bordering a wild area with various wide running trails. There are also many lakes for fishing and swimming by runners between sessions:

Camp Directors/Staff...

Coach **Nick Vogt** and Coach **Brad Doering**. This will be Nick Vogt's 43rd year directing the Camp. Vogt is the coach/director of the USA Christian Team Athletics Club. He has also had continual success, coaching at the high school, community college, university, and post-collegiate levels for over 43 years. Brad Doering is currently a multi-events coach at the University of Sioux Falls. He is a graduate of the University of Nebraska, where he competed in both cross country and track and field. In his final cross country season, Doering finished in the top two for the Huskers at both the Big Ten Championships and the NCAA Midwest Regional. Also assisting at the camp will be top distance runners, triathletes, and coaches, as well as many other outstanding experts in the fields of sports medicine, physical therapy, nutrition, & sports psychology.

Five Action-packed Days...

The camp-clinic will involve participation and running by all those in attendance. Workout sessions will be conducted twice each day. To supplement the training activity, notable guest speakers will discuss various fundamentals of distance training and racing. Participants will cover between 8 and 14 miles daily; therefore they will find it to their advantage to be in some sort of basic condition far in advance of the camp.

TYPICAL DAY FOR TRAINING AND LECTURE SESSIONS:

FIRST SESSION: 7:00 -8:30 a.m.	(<i>running activity</i>)
FIRST LECTURE: 9:30-10:30 a.m.	(<i>lecture/discussion</i>)
SECOND SESSION: 3:30 - 5:30 p.m.	(<i>running activity</i>)
SECOND LECTURE: 7:00 - 8:30 p.m.	(<i>lecture/discussion</i>)
BIBLICAL DISCUSSION: 8:30 -9:30 p.m.	(<i>group discussion</i>)

How Much is the Cost?... Only \$65—

FEE AND APPLICATION: The entire registration fee is only \$65 per participant for the entire five-day camp. (NOTE: Participants furnish their own food supply, bedding, and tents). The camp will be limited to the first 45 participants who register by mailing in their fee and application to "Christian Team Ministries". If accepted you will be sent the information and instructions for the camp... If not accepted, your fee will be returned. After acceptance, fees are not refundable; fees will be used for administrative and other clinic expenses.

NOTE: Online Registration is also available at: www.Active.com

APPLICATION

High Altitude Runners Camp & Clinic

This is not an online form. It is intended to be printed and mailed with Entry Fee to: CHRISTIAN TEAM MINISTRIES, 1025 Grange Road, Meadow Vista, CA 95722 (Make check payable to: "CTM")

Name _____ Age ____ Phone (____) _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

School/Club _____ Best Race Times _____

Average Number of Miles per Week you are Running at this time: ____ Graduation Year: 20__ __

T-Shirt Size: Small ____ Medium ____ Large ____ Extra-Large ____

Waiver

I hereby declare that I/my child is in good condition and properly trained for the above Running Camp-Clinic. I absolutely relieve Christian Team Ministries, government agencies, sponsoring organizations, and all camp staff and officials, of any and all responsibility for any injury, loss, or damage, to myself/my child, or my property, which may occur in the course of (or in connection with) this camp & clinic. I authorize any treatment by an accredited hospital and/or physician deemed necessary for me/my child in case of an emergency.

(Signature – Applicant)

(Parent/Guardian if under 18)

(Date)

Home Phone (____) _____ Work/Emergency Phone (____) _____

Insurance Company: _____ Policy # _____

NOTE: Because of the physical demand of the training, this camp is limited to those with the ability of high school-age or older.