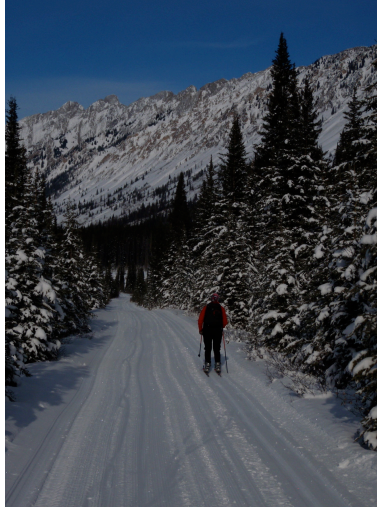


5th Annual ASCK Snow Camp - 2012



Camp Dates: January 2 – 6

This winter camp is open to anyone who wants to see how they far can push themselves. It is open to HP, Winter Training athletes and other interested athletes, families and coaches. Parents are welcome anytime, depending on the accommodations. This year we are going to mainly xc ski, as long as the weather isn't too bitter. We also have a couple of fun activities planned for 1/2days. We are going to put in as many kilometers and hours as possible during the ski days. We want to work off those turkey dinners and set our training intentions for 2013. If it is bitterly cold we will modify the program to be more diverse and less hard on the lungs. Skate Skiing or Classic Ski will work, though it will be easier to get max KM on Skate. **While this all sounds really tough, it we will maintain an emphasis on fun. If you only want to ski 5km a day, that's ok. Weather is likely to be the biggest determinant of activity, so we'll know what it looks like about a week out.**

Saturday night will be ASCK's annual Christmas potluck and birthday(several) party. Oh and did I mention the Hot Springs on Friday!

Deposit Due Jan 2nd:

\$100. Remainder due on return. Please make this payable to ASCK and deliver it Chuck Lee, Box 162 Lundbreck, AB T0K 1H0

Athletes Confirmed: (Dates = nights)(2-5 Bell Cabin)

Mike Holroyd 2-5

Jessica Groeneveld 2-5

Ben Hayward 2-5

Matt Frank 2-5

Ryley Penner 2-3

AJ Cole 5

Sam Hosoya 2-5

Darius Ramrattan 2-5

Alexander Rramrattan 2-5

Julie, Narsh, Nicholas R 2-5

Reneo Ohler?

Keo Ohler?

Nick Atkinson Days

Haley Daniels Days

Daniel Tully Days

Paul Manning-Hunter Days?

Transportation:

We will car pool as needed including the Van. Cost to be in the Van for the camp is \$30

Accommodation:

Alpine Club of Canada:

The Bell Cabin is booked from the 2nd till the 6th. \$350/nt – up to 15 people (or so☺)

Food:

We will cook and eat together. ~ \$70. Ten dollar reduction for people bringing a 5 serving pre-cooked meal.

Facilities:

\$14-\$20 = 2 x \$7.5/10 (youth/adult) - Canmore Nordic Center – 10% off for groups of 10

\$7 Bill Warren Training Center (Gym - if cold)

\$8/\$15 Youth/Adult One way on Gondola (optional)

\$36/\$49 Youth/Adult Norquay Ski Hill (optional)

\$5.40/\$6.30 Banff Hot Springs

\$0 – other trails in Kananaskis or Banff

Total cost: (approximate, ASCK runs its camps on a cost neutral basis and bills based on actual receipts)

Travel: \$0-\$30 (own car v Van)

Accommodation & Food: ~\$195

Facilities: \$30-90

Program fees: HP athletes – included

Development athletes – Included

Other Club athletes - \$75 (athletes who bring a club coach will be have the cost reduced by \$25)

Chaperones and club coaches: free

Approx total: \$290

Approx non-program: \$365

Training sites:

Canmore Nordic Center

Bill Warren Training Center

Ski trails – Cascade, Moraine lake, Goat creek, etc

Levels: HP and Development athletes and coaches are welcome. Parents are welcome too!

Homework: None.

Forms: If you haven't already filled out the forms attached, in **2012**, please do prior to the camp start date and submit to Mike Holroyd 705 18 Ave NW, Calgary AB T2M 0V2.

2013 AWA Club membership is mandatory (for those out of Province we can do for \$10 just AWA).

Please note that **failure to provide these forms** will result in not being able to attend the camp. Thank you.

Equipment List

Skiing:

X-C Skis, poles, boots (you can rent if you want as well. \$20/d Calgary Outdoor Centre, \$25/d Nordic Centre)

Toques, light mitts, neck warmer or face mask

Top - Track jacket or Goretex

Under layers (polypropylene or fleece)

Bottom – Track pant, or tights, or light ski pant (not too baggy)

Under layer - Long Johns x2

Warm Socks

Caving – Maybe

Clothes you don't mind getting **Really dirty!** (5 degrees in cave)

Headlamp

Down Hill Ski or Snowboard / Hiking Exploring

Skis/Board & boots/poles

Warm Boots or hiking boots

Big warm jacket

Big Mitts

Snow pants

Running/Gym

Running shoes

Outdoor clothes for running (same as for ski)

Indoor clothes for gym

Swim suit

Other:

Toiletries

Medication

Watch

Water bottle

Street clothes

Enthusiasm

Forms: Please fill out the information below and e-mail to Mike H. or bring with you.

Preliminary Schedule – Weather & Conditions willing

	Wednesday 2	Thursday 3	Friday 4	Saturday 5	Sunday 6
7am		Run 3km + stretch	Run 3km + core	Run 3km + stretch	Run 3km + core
8:15	Meet in Calgary	Breakfast	Breakfast	Breakfast	Breakfast
9:30	Meet at Nordic Centre	XC Moraine Lake 15.6km	XC Cascade 14-30km	Surprise	XC Nordic Center
12p	Lunch NC	Bring Lunch	Bring Lunch	Lunch ACC	Lunch NC
2pm	XC Ski Nordic Center	DH Ski Norquay or hike Tunnel Mountain	Hike Sulphur Mountain	XC Ski Mt Shark	XC Nordic Center
4:30	Check in to ACC		Hot Springs		
6pm	Dinner	Dinner	Dinner	Potluck Party	Dinner

How many Kms can you do?

Platinum	200KM
Gold	120KM
Silver	80KM
Bronze	50KM

Previous Records

2008 – Too cold for records -30
2009 - Marissa Dederer - 150km
2010 – Ryley Penner – 104.4km
2011 – Ben Hayward – 204km

2013 Medical Information Form

****Must be completed by all participants***

Course Name: _____ Dates: _____

Athletes Name: _____

Address: _____

Postal Code: _____ Phone (h): _____ (w) _____ (cell): _____

Health Plan Name & Number: _____

Other Medical Plan Name & Number: _____

Physician's Name: _____ Phone #: (____) _____ - _____

In case of Emergency, Contact:

Name _____ Relationship _____

Address _____ Telephone # (h) (____) _____

Name _____ Relationship _____

Address _____ Telephone # (h) (____) _____

Medical History

Do you have any known allergies or have you ever had a severe allergic reaction? If yes, please describe what causes the reaction, what happens when you have a reaction, and any medications you take or carry for the condition. Please include dosage, frequency and expiry date of medication.

Please list any medical conditions (heart condition, high blood pressure, diabetes, chronic headaches, nosebleeds, asthma, emphysema, or other) any psychological and physical conditions (seizure disorders, depression, previous dislocations, breaks, recent surgery) that may effect your ability to participate in the program you have registered for. Please describe all past and present problems, how they effect you, the signs and symptoms of onset, and what triggers them.

Are you on any prescription or non-prescription medications? No _____ Yes _____

If yes, please specify name, dosage, frequency, and tell us why you are taking it.

Do you wear a Medic Alert? Yes ___ No ___ Details: _____

Date of last Tetanus Shot (they are valid for 10 years) _____

A valid tetanus shot is mandatory for all multi-day courses and trips.

General Physical Condition: good ___ fair ___ poor ___

Do you have any physical limitations? No ___ Yes ___ If yes please specify _____

Any shoulder problems? No _____ Yes _____ (Please describe): _____

Eye sight: (please check applicable) Good eyesight _____ Poor Eyesight _____

Wear Glasses _____ Wear Contacts _____ Comments _____

Please describe any dietary restrictions _____

In the case of the participant being under the age of eighteen (18) in the Province of Alberta, or under the age of responsibility elsewhere, I hereby give permission to a course/trip representative of the Alberta Whitewater Association. to arrange any medical treatment required by my child or ward while she/he is under the care of the chaperone or guide during the program named above.

Parent/Legal Guardian Signature: _____

Date: _____ Participant's Name: _____

If you are bringing medication with you.

- Bring twice as much as you are required to take the entire length of your program, and pack it in two waterproof and UV proof containers.
- List your name, the name of the drug, and the dosage and frequency instructions on the outside of each container.
- Give one container to your instructor/guide in case you lose or damage your own.
- Make sure your medication has not expired

I have completed this medical form accurately and truthfully, and to the best of my knowledge. I understand that any injury or illness that is aggravated by, or as a result of my participation in this program and any evacuation costs arising thereof, is solely my responsibility and I therefore release Alberta Whitewater Association., its directors, managers, employees, and associates from any future claim I might make against them. I understand that it is my responsibility to inform Alberta Whitewater Association. before my program starts, of any medical condition that may arise after filling out this form.

Signed this _____ day of _____ in the year _____ .

Participant Signature: _____

Witness Signature: _____

Alberta Whitewater Association

ATHLETE CODE OF CONDUCT

As an athlete, competitor, and participant in events hosted by the Alberta Whitewater Association, I agree that:

1. I am responsible for all of my actions.
2. I will compete and participate in a spirit of fair play and honesty, and within the rules of the competition and or activity.
3. I will not use any illegal or banned substances or practices. I will also not advocate, condone, promote, or distribute illegal or banned substances or practices (as outlined in the Drug Classification published by the *Canadian Centre for Ethics in Sport*).
4. I will refrain from using tobacco products within the competition area.
5. I will refrain from using alcohol at athletic events (and other sport activities) or in victory celebrations at the competition site. I will also avoid providing alcohol to under age individuals.
6. I will refrain from using profane, insulting, harassing or otherwise offensive language in the context of the activities of Whitewater Canoe Kayak.
7. I will address fellow athletes, coaches, officials, volunteers, event organizers, spectators, and others, in a courteous and respectful manner.
8. I will not participate in improper and unlawful behavior which could result in physical violence, willful destruction of property, and theft of personal or public property.
9. I will act in a manner that will bring credit to the Whitewater Canoe Kayak community and myself, both at and outside the training and competition venues in the community.
10. I will respect all individuals' dignity. I will not use verbal or physical behaviours that constitute harassment or abuse.
11. I will ensure the safety of myself and others when taking part in every Whitewater Canoe Kayak activity.

The penalty of any infraction of the above codes, at any venue, can lead to punishment ranging from missing a scheduled training session to expulsion from all Association sanctioned activities without a refund.

These penalties are decided by the AWA Board of Directors and the Coach

By signing this document I understand all of the above agreements I have made.

Athlete's Name (please print) + Signature

Parent's Name (please print) + Signature
(for athletes under 18 years of age)

Witness

Date

CONSENT TO EMERGENCY MEDICAL CARE FOR MINOR CHILDREN

Further to the consent for emergency medical care for minor children the following conditions apply to consent for my child.

NAME _____

DATE OF BIRTH _____

That reasonable effort must be made to contact me for consent for treatment at all of the following phone numbers, in priority of appearance on this form:

NAME OF PARENT	PHONE 1	PHONE 2	PHONE 3

IN the event that my child's life is in imminent danger, the emergency Physician has my consent to deliver emergency medical care deemed necessary to alleviate the imminent danger while attempting to contact me, or in the event that I am unable to be contacted.

Signature: _____

Name (printed): _____

Relationship to minor child: _____

Date: _____