

Junior Development Holiday Camps

Week 1 – 5th – 9th July

Week 2 – 12th – 16th July



July Rowing Camps

UTS Rowing Club will be running two Rowing Junior Development Camps during the July School Holidays. The camps are targeted at Year 10, 11 and 12 students (both girls and boys) who wish to continue rowing at the highest level.

The camps will involve a mix of sculling and sweep rowing in a variety of boat classes. Additionally, students will participate in Functional Competence Testing and Ergometer work to identify target areas for individual athletes to develop both on and off the water.

The camps will be run by both experienced coaches and current athletes. Each camp is strictly limited to 16 athletes.



DATES:

Week 1

5th – 9th July

Week 2

12th – 16th July

TIME:

8am – 1pm

COST:

\$250 (p/w)



HOW TO SECURE YOUR SPOT:

Complete the attached Registration form and return it along with payment (cheque to UTS Rowing Club) to:

UTS Rowing Club
c/o Alex Butt
72 Battlement Cres
Castle Hill NSW 2154

You will receive an email confirming receipt and the week's schedule including a list of items to bring.

Places in the camp will be on a first in, first served basis.

For further details, please contact:

Steve Luker – 0404 578 350
Alex Butt – 0411 441 914

UTS ROWING CLUB

JULY JUNIOR DEVELOPMENT CAMP APPLICATION FORM

The details of the camp are as follows:

Dates:

WEEK 1 – Monday 5th July – Friday 9th July 2010

WEEK 2 – Monday 12th July – Friday 16th July 2010

Please note: The camp will run from 8am – 1pm each day.

Membership: The camp is being run by UTS Rowing Club Inc. All attendees are required to sign up as Junior B members of the Club and abide by the rules and regulations of UTS Rowing Club Inc. (Membership is included in the cost of the camp).

Activities: Athletes will participate in a variety of rowing and fitness activities. Activities will be both land and water-based. The boating for all on-water rowing sessions will be based in and around the Iron Cove Area and Sydney Harbour. Additional fitness activities will be held in the surrounds of the UTS Boat Shed and where land and fitness (including swimming) activities will be based. All athletes are expected to be competent swimmers in open water.

Supervision: UTS Athletes and Rowing Coaches will be responsible for the supervision of athletes for the duration of the camp. Whilst under their supervision, athletes are expected to participate in all activities, both on and off the water. It is expected that each athlete behaves with respect towards the staff.

Cost: \$250 per week. No food or drink will be supplied. Athletes are expected to provide their own food, snacks and fluid to sustain themselves through the sessions.

Equipment / Clothing: All equipment will be supplied by UTS Rowing Club. The club has limited resources and equipment is very expensive and fragile. The club and coaches have a very clear understanding of how accidents can occur. However, any damage caused deliberately or through failure to follow instructions may require the athlete concerned to contribute to the repair.

There are excellent changing facilities at the club. Athletes attending should bring all clothing they need to be comfortable and safe for each training session (including wet weather training gear). It is important that athletes bring clothes that are suitable for land sessions on each day (bring running shoes and socks).

Applicant Information: All athletes are required to complete the overleaf form. Any issues which may affect an athlete's involvement or may require additional monitoring during the camp which may have health and safety implications (such as, but not limited to illness or medication) should be notified in writing at the time of application. Additional changes to the applicant information after lodging should also be notified in writing prior to the start of the camp.

PLEASE COMPLETE AND RETURN THE FOLLOWING:

I give permission for my son / daughter (please circle) to attend the 2010 July UTS Development Camp on (please tick):

- WEEK 1 – Monday 5th July – Friday 9th July 2010
- WEEK 2 – Monday 12th July – Friday 16th July 2010

I understand that the cost of the camp is \$250.00 and payment is attached to this form. (Please make cheques out to UTS Rowing Club).

I also understand that there are certain inherent risks in the activities my son/daughter will be participating in. I acknowledge that whilst UTS staff and athletes will make every reasonable effort to minimize exposure of my son/daughter to any known risks, all hazards associated with these activities cannot be foreseen or may be beyond the control of UTS staff and athletes.

I agree that if my daughter suffers injury or illness, that UTS staff can at my cost arrange medical treatment deemed essential for my son/daughter's safety or wellbeing. I will notify UTS staff of any significant change to my son/daughter's health prior to the camp. I declare that all statements below relating to my son/daughter's health are true and accurate and all relevant information has been provided.

Emergency Contact and Medical Information

| | | | | | |
|--------------------------------|------------|-----------------------------------|------------|-----|---|
| Athlete's Name _____ | | Date of Birth _____ | | M | F |
| | | | | Sex | |
| Parent's/Guardian's Name _____ | | Alternate Emergency Contact _____ | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Work Phone | Home Phone | Work Phone | | |
| Address _____ | | Address _____ | | | |
| Suburb, Postcode _____ | | Suburb, Postcode _____ | | | |

Medical Information

Does the above named athlete suffer any of the following: (Please circle)

| | | | |
|---|----------|-------------------------|----------|
| ALLERGIES | Yes / No | FITS OF ANY TYPE | Yes / No |
| ASTHMA | Yes / No | HEART or LUNG COMPLAINT | Yes / No |
| If YES does the above named carry an Asthma Plan? (Please attach a copy.) | | | |
| DIABETES | Yes / No | MIGRAINES | Yes / No |
| DIZZY SPELLS | Yes / No | EPILEPSY | Yes / No |

If **YES** to any of the above, please give specific details. _____

Does the above named athlete have any other conditions which may affect their involvement in the Rowing Camp?

Yes / No If YES, please specify: _____

MEDICARE NUMBER: _____ POSITION ON CARD: _____ EXPIRY: _____

I have read and understand the attached letter. I declare that all statements above relating to my son/daughter's health are true and accurate and all relevant information has been provided.

| | | |
|-------------------------------------|--|------------------|
| Son / Daughters Name _____ | | Year Group _____ |
| Parent's/Guardian's Signature _____ | | Date _____ |