

North Cobb Cross Country Team Retreat 2010

The North Cobb Warriors Team Retreat is a 4 day running camp staffed and serviced by Warrior coaches and parents. Athletes participate in twice-daily workouts, informational clinics, team-building activities, and loads of good times. Warriors emerge from the camp with a strong understanding of proper nutrition, necessary equipment, race strategy and psychology, balancing school and sports, college running, and “how” to be a successful North Cobb XC runner. Cost for the camp is \$200.00.

We will be staying at Chimney Cove in Wedowee. Each condo sleeps 8-10 people. We encourage athletes to bring sleeping bags if they have them, but it’s not necessary.

Chimney Cove is a beautiful development, only 2 hours away from metro Atlanta. Our athletes and coaches will stay in 4 condos on the lake. We have access to the clubhouse, pool, and kitchen.

Location: 88 Fireside Drive/P.O. Box 367 Wedowee, AL, 36278 Phone: 1-877-873-5292

What to Bring

Your payment takes care of transportation and cabin rental fees. Athletes will get three nutritious meals a day + healthy snacks. There will also be PLENTY to do. Kids are welcome to bring their own foods if interested, but we discourage personal electronics. Kids will NOT be allowed to run with music, and since we are encouraging team building and interaction, athletes may be asked to remove headsets at any point.

Running shorts (several pairs)
T-Shirts/tanks (several)
Running Socks (preferably dry-fit)
Running Shoes (2 pairs if you have them)
Swimsuit
beach towel
Underwear
Clothes to be “clean” in. We’ll have evening meetings and will go out to dinner once.

Sandals for poolside
Sunglasses
Sunscreen
Camera
Hat
Medicine
Shampoo/toiletries
Cell Phone and charger

Camp is available to the first 30 athletes to complete ALL of the accompanying registration materials and make payment arrangements. Additionally, YOU WILL NEED TO HAVE A 2010-2011 PHYSICAL ON FILE WITH THE SCHOOL OR THE COACHING STAFF PRIOR TO ATTENDING.

SAMPLE CAMP SCHEDULE (2009)

Monday

11:00: Meet @ NC Track
o Athletes will be assigned to vehicles ahead of time
o Athletes bring packed lunches for car ride or to eat upon arrival
12:30: Arrive @ Chimney Cove
o Eat lunches, relax
1:30: Rules and Expectations
2:00: Clinic #1: Form/mechanics
o Cabin 1: Drills, form lesson
o Cabin 2: Video on treadmill
o Cabin 3: Video on road
3:30: Clinic #2 Hydration/Nutrition
4:30: Break into teams (orange/blue/white)

5:00: Snack/Relax
7:00 Evening workout/pool
8:30: Dinner @ Cabins
10:00 Cabins: Goal Setting lights out @ 11:00
Tuesday
7:00AM Morning Run (30-45min)
8:00: Breakfast in cabins
Breakfast cleanup
9:00: Capture the Flag
10:30: Clinic #3: Running Aches and pains
11:30: lunch
1:00: Clinic #4: Mental aspects of training & Racing and how to win an XC meet
2:00: Relaxation and Visualization
4:00: Video gate analysis (in conf. room)

5:00: snack
7:00: Clean up
7:00: Dinner @ Pizza restaurant
9:00: Girls/Boys individual team meetings
10:00: Whole team meeting: Goals shared/turned in
11:00: lights out
Wednesday:
7:00 AM morning run 40-50 min
8:00 breakfast in cabins
9:00 Clinic: stretching and strength training
9:30: Pilates
10:30: Work on Cheers
11:00: Clinic #6: Running in College/for life
12:00: lunch
o Cleanup

1:00: Deep Tissue calf massage
3:00: Pool Workout
5:00: Barbeque at Wynn’s
7:00: 2nd annual NCCC retreat Olympiad
8:30: Movie: Endurance
10:30: lights out
Thursday
6:00: AM long run..
8:00: morning dip
8:30: Big breakfast @ C.Cove
10:00: Clinic #7: Shoes/spikes
11:00: Clean-up/snacks
12:30: Depart for N.Cobb
4:00: Arrive @ NCHS

Medical History Permission and Release Form

Name _____ Age _____

Address _____ Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes _____
Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

ALLERGIES: Food _____ Insect bites/stings _____
Penicillin or other drug (name) _____
Poison Sumac, Oak or Ivy _____
Other _____

Previous operations or serious illnesses _____

Any current medications _____

Special Diet (name) _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____
Any medical needs which your child has, of which adult supervisors should be aware:

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

DATED _____

NOTARY _____

Signature of Parent/Guardian
5/12/04