

Join Furman University Cross Country Coaches, Furman Student-Athletes and Furman Elite Team members for 4 days of running fun. The goal of Furman University Cross Country Camp is to teach training techniques, racing strategy, nutritional plans and ancillary training that can help take your running to the next level! Interact daily with some of the top coaches and athletes in our sport; meet and run with Olympians, All-Americans, Conference Champions, and former State Champions.

WHEN

Tuesday, July 6th, 2021 to Saturday, July 10th, 2021

Check In: 12:00pm to 2:00pm

Check Out: 11:00am

Session is limited to the first 120 registrants to enhance individual camper attention for each camper.

Register now to Secure your space!

Individual Runner: \$500.00

Single Registrant; not attending with a team

Team Runner: \$475.00

Five or more runner from the same school must submit all registrations as a team in order to receive team discount (please send registrations together in one envelope)

1 coach free with 5 runners from same team

2 free coaches with 10 runners from same team

(with a max of 2 free coaches)

COACHES



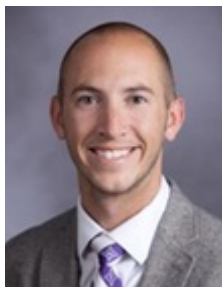
ROBERT GARY

Furman University Cross Country & Track Head Coach/Director of Furman Elite
1996 and 2004 Olympian for Team USA
Former USA Track & Field Distance Chair
Team USA World Cross Country Assistant Coach (Bydgoszcz, Poland)



RITA GARY

Furman University Cross Country & Track Assistant Coach
3 x Regional Coach of the Year
2008 Mid-American Conference Coach of the Year
7 x Women's SOCON Coach of the Year
Coached 2017 Women to 7th Place & 2019 Women to 9th at NCAA XC Finals



CHRIS NEAL

Furman University Cross Country & Track Assistant Coach
7 x Men's SOCON Coach of the Year
Coached 2015 Men to 13th Place & 2019 Men to 14th at NCAA XC Finals



LOGAN ROBERTS

Furman University Cross Country & Track Assistant Coach
Coached 15 All-Regional Performers in XC

Sample daily schedule

(Specific schedule will be mailed with your confirmation packet)

8:00am	Breakfast
8:45am	1 st Training Session
11:00am	Celebrity Lecture*
12:30pm	Lunch
2:00pm	2 nd Training Session
5:00pm	Dinner
7:00pm	Camp Social Activity
10:00pm	Return to Dorms

*Featuring Olympians, Professional Runners, Sports Medicine Specialists, College Coaches and Running Enthusiasts covering a multitude of training topics.

Questions?

Chris Neal

614-282-4010

chris.neal2@furman.edu

YES! I want to attend the 2021 Furman University
Cross Country Running Camp.

Name:

Address:

City:

State: Zip:

Email Address:

High School:

Age: Gender:

Graduation Year:

Shirt Size:

Cancellation Policy:

Refund, minus a \$100 administration fee, will be issued
for any cancellation received prior to June 15, 2021.

***Any cancellations after June 15th will be charged the full
amount.***

Mail to:

Furman University
Attn: Chris Neal, Cross Country
Greenville, SC 29615

For additional information or questions:

Chris Neal
614-282-4010
Chris.neal2@furman.edu



Furman University Cross Country Running Camp Please complete the questionnaire to the best of your knowledge. Taking the time to provide as accurate answers as possible will result in a more successful camp experience. All responses will be held in the strictest of confidence.

Please return this form by **Friday 25, June 2021**

First Name _____ Middle _____ Last _____

Preferred Name _____ Birthdate _____ Gender _____

Age _____ yrs. Grade entering next year _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail address _____

Cell Phone _____ Business Phone _____

Emergency Contact _____ Telephone No. _____

Physician Name _____ Telephone No. _____

Medical Background:

- Medical / Hospital Insurance (**Attach a copy**).

Carrier / Provider: _____

Policy # _____

- Are you currently under physician's care?

Yes No _____

- Is there any other physical reason that prevents you from participating in an exercise program (e.g. heart defect, cancer, arthritis, mental illness, convulsions, allergies, operations or serious injuries)?

Yes No _____

- Please fill out this medication section only if camp Staff is to administer prescription drugs at camp.

Prescription _____

Dosage _____

Frequency _____

- Do you take asthma medication?

Yes No _____

- Is there any other physical reason that prevents you from participating in an exercise program (e.g. heart defect, cancer, arthritis, mental illness, convulsions, allergies, operations or serious injuries)?

Yes No _____

-----*This section to be completed by the physician*-----

Furman University Cross Country Running Camp Physician's Statement

I hereby certify that I have examined _____.
Print Runner's Name

Recommendations And Restrictions While At Camp:

Any Treatment To Be Continued At Camp: _____

Any Medication To Be Administered At Camp (Specific Dosages): _____

Any Allergies (Food, Drugs, Plants & Insects, Etc.): _____

I Have Examined The Above Camp Applicant. In My opinion, the runner's (named above) conditions Does _____ Does Not _____ preclude his / her participation in the Furman University Cross Country Running Camp.

Physician's Signature _____ **Phone** _____

A copy of this year's high school physical may be sent in place of the above physician's statement.

**Furman University Cross Country Running Camp
Conditions of Enrollment Form**

PARTICIPANT QUALIFICATIONS: Furman University Cross Country Running Camp participants must be entering grades seven through twelve, and sufficiently physically fit to participate safely in all activities while at camp/clinic.

TRANSPORTATION: Transportation is the responsibility of the participant. Out of state athletes: Round trip air fare & arrangements to & from the airport are the responsibility of the participant. Transfers should be arranged in consultation with the Furman University Cross Country Running Camp

CANCELLATION: The tuition will be refunded in full, less the \$100.00 registration deposit, when written notice of cancellation is received by June 15, 2021. Cancellations after June 15, 2021 will forfeit the entire tuition.

WITHDRAWAL: It is understood that the Furman University Cross Country Running Camp has a limited enrollment, and fixed, consistent operating cost. Because of these limitations, no refund or reduction for tuition will be made for the withdrawal of a participant, his/her late arrival, or early departure. The Furman University Cross Country Running Camp reserves the right to dismiss a participant whose conduct or influence is unsatisfactory or in the opinion of the directors is not in the best interest of the program. There will be no refund. If the parent brings the participant home for any reason other than medical after camp begins, there will be no refund.

HEALTH: For the protection of all the participants, each participant will need a physician's signature. This form is included in this mailing. It is understood that unless otherwise indicated your child is in good health and may participate actively in all appropriate camp activities. Any information, which may be pertinent to your child's welfare, must be provided to the camp in writing attached to his/her application or health form. . Should your child become ill or injured at camp and be required to limit or suspend activities for a period of time, no credit, reduction of tuition or refund will be issued. Parents/Guardians will be notified if any prescription type medication is needed for an illness at camp and all cost for such medication shall be born by the parent/guardian.

LOST ARTICLES: The Furman University Cross Country Running Camp is not responsible for article of clothing or personal belongings which are lost or damaged by misuse, laundry, shipping or theft. Do not allow your child to bring expensive mp3 players, camera, games etc. to camp.

EMERGENCY INFORMATION: We rely on this application for the participant's safety and well-being: therefore, we must receive notice of any changes promptly and in writing. The Furman University Cross Country Running Camp requires that each athlete have accurate information on file at all times. In the event a parent or guardian is traveling, the Furman University Cross Country Running Camp will need an accurate itinerary of the trip as well as an alternative emergency contact that will be available during the session.

MEDICATION: Parents of children who take medication will need to complete the medication portion of this form, which is part of this confirmation mailing.

CAMPER ACCEPTANCE: The Furman University Cross Country Running Camp reserves the right to refuse acceptance of any participant.

With acceptance into the Furman University Cross Country Running Camp, I agree that:

1. The Furman University Cross Country Running Camp, its' directors or employees, will not be held responsible for any injury that is not the direct fault of the Furman University Cross Country Running Camp beyond the assurance the injury will receive professional attention.
2. If I or my child requires medical attention, the Furman University Cross Country Running Camp has my authorization to obtain it from any licensed physician or hospital as the program deems necessary, and the Furman University Cross Country Running Camp may act in my place in this regard. This authorization applies whether my personal insurance or camper insurance covers the charges.
3. I understand that all medical cost related to the participant's injury is the responsibility of the participant or the participant's parent or guardian.
4. I agree to pay tuition fees as set forth on the Furman University Cross Country Running Camp promotional flyer.
5. The Furman University Cross Country Running Camp may use my or my child's photographs or video in promotional materials.
6. If a check is returned unpaid there will be a \$25.00 charge.

CONDITIONS OF ENROLLMENT: Prior to signing this application, I have read and understood all portions of this form. Any questions I may have had about the policies and operations of The Furman University Cross Country Running Camp have been answered to my satisfaction.

Waiver must be signed by all participants: In consideration of the acceptance of my application I, the undersigned, for myself, my heirs, executors and administrators hereby waive, release and discharge any and all rights and claims for damages I may have or which hereafter accrue to me against the persons and organizations affiliated with Furman University and their representatives, successors, and assignees for all injuries suffered by me while traveling to and from or in any way associated with my participation in the Furman University Cross Country Running Camp. I represent and warrant that I am physically fit and have sufficiently trained for participation in this camp. Additionally, I permit any photographs or video taping from the camp to be used for promotional purposes.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please return this form by **Friday 25, June 2021** to

Furman University
Attn: Chris Neal, Cross Country
Furman University
3300 Poinsett Highway
Greenville, South Carolina 29613