

## **2018 XC Camp Itinerary**

### **Location: Beechpointe Retreat Center**

**Address:** 3212 125th Ave, Allegan, MI 49010 **Phone:** (269) 673-6155

**Supervisors:** Coach Mike Buslepp, Coach Josh Eccleston

**Philosophy:** Cross Country camp is provided as an opportunity for athletes to learn the essentials of becoming a successful cross-country runner and have the opportunity to bond and grow as a team. At camp, we will be focusing on establishing leadership roles, including incorporating the younger athletes with the team. Additionally, camp provides an opportunity to run on varying terrain, in addition to training with other local teams. Rochester High School and Lakeland High School will be attending camp with us this year.

**Cost:** \$170 *Please Make Checks Payable to Romeo High School Athletics*

*Please have all necessary payments, and permissions slips turned in by Tuesday, August 14<sup>th</sup> in order to attend. I need to know of official attendance by Friday, August 10<sup>th</sup> in order to attend.*

**What to Bring:** Running clothes, running shoes, kick around shoes (non-running), clothes for warm weather and cold weather, bathing suit, toiletries, watch, sleeping bag, pillow, and whatever else you deem necessary.

\*Food may be brought, but just keep in mind that you have to travel with this, and it's your responsibility to pick up after yourself.

\*All physicals and emergency cards must be on file in order to attend camp. NO EXCEPTIONS.

**Disclaimer:** Just a reminder that this is an official school trip, and by attending camp, you are representing yourself, the Romeo High School XC team, and Romeo Community Schools. The student code of conduct will apply on this trip.

**Camp Schedule:** A more detail schedule along with the food menu will be provided the week leading into camp once Beechpointe finalizes our itinerary. If there are any special diets or allergies, please let me know ASAP. In the meantime, you may go to the website: [www.beechpoint.org/](http://www.beechpoint.org/) to get an idea for the camp set-up. At camp, we will split up into teams, and we will work towards getting to know other runners, in addition to bringing together the Romeo XC team. Activities and Topics covered at camp will include: Team Rope Courses and leadership initiatives, Ice breakers, Team Building Activities, Interval Workouts, Tempo Workouts, Nutrition, Recovery, Goal Setting, Season Expectations, etc. Camp will conclude with a run along the Kal Haven trail, which will end at Lake Michigan.

**ROMEO HIGH SCHOOL**

**OVER NIGHT STAY PERMISSION SLIP**

I \_\_\_\_\_ (parent/guardian's name) agree to allow my child to attend the overnight stay field trip with the **Romeo High School's Cross Country Team** for the **2018 Annual Cross Country Camp** hosted by Romeo High School, Lakeland High School, and Rochester High School. We will be staying **3 nights** at **The Beechpointe Retreat Center in Allegan, MI**. Our trip will be departing **Friday, August 17<sup>th</sup> at 8:00 a.m.** from **Romeo High School**. We should be arriving at the camp at approximately **2:00 p.m.**, and we will be returning from our trip on **August 20<sup>th</sup>**, arriving back to **Romeo High School** by **5:30 p.m.** The students will be transported by **Romeo Community Schools bus transportation**. The cost of the trip is **\$170.00** and must be turned in by **Tuesday, August 14<sup>th</sup>** to Coach Buslepp or the athletic office. The cost of the trip will include food once arriving at the camp, lodging, and transportation.

**Disclaimer**

I also agree as a condition of my child's participation to hold harmless Romeo Community Schools, all staff members, volunteers and parent drivers of all liability for injuries due to any accidents to my child.

In the event that my child is injured or ill, I give permission to the group sponsors and chaperones to seek medical assistants on my behalf. My insurance company and number

are: \_\_\_\_\_ company, card numbers \_\_\_\_\_.

In case of emergency please contact:

1) name: \_\_\_\_\_ phone \_\_\_\_\_

2) name: \_\_\_\_\_ phone \_\_\_\_\_

Please list any medical conditions, allergies, medications that we may need to be made aware of: \_\_\_\_\_

\_\_\_\_\_

Is your child going to need to bring any medication? \_\_\_\_\_ If yes, please list \_\_\_\_\_

\_\_\_\_\_

If you need to contact the trip sponsor you can contact them by calling:

**Name:** Michael Buslepp

**Cell number:** 586-770-2591

PERMISSION SLIP MUST BE SIGNED AND RETURNED BY: Tuesday, August 14<sup>th</sup>

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date