

TEAM WINTER PARK GS & SL TACTICS CAMP MOUNT HOOD – AUGUST 2- 10 2011



Who:

J4 and older racers (plus RMD J4 Team members born in 2000) looking to get an edge on the competition by testing different lines through GS and slalom courses. This camp is designed as a follow up to our May A-Basin and June Mammoth camps. Coaching staff: Darryl Whitaker, Ian Dunlop, more TBA including NCAA All-American mentor coaches

What:

Building upon the skills learned at May and June camps, camp will be spent on the quick review of spring technical camps and applying these skills into the tactics of GS and SL. Several drills will be used to help the skiers understand how to pressure in the fall-line and to use the fall-line for speed. The key technical and tactical component of a strong balanced position during the transition phase of the turn is always being tested on the training lanes of Mt. Hood and will be a big focus of camp. Camp fees include meals, lodging, lift tickets, off-snow activities, conditioning, transportation in Oregon, and coaching.

Where & When:

Timberline Ski Area, Mount Hood, Oregon August 2 – 10.

Travel: Pick up athletes at the Portland Airport (PDX) at 4 pm on August 2 (flights must arrive by this time). Note that coaches will not be at the airport until 3:15pm, so if your airline has an unaccompanied minor policy coaches may not be on-site to meet the athletes immediately when they arrive. On August 10, departing flights must be scheduled for 4:00pm or later. Transportation from Winter Park to Oregon and back is available for an additional fee, depart the morning of August 1 and returning the evening of August 11.

Schedule: Full session: 7 days on snow, with one day off-snow (rafting or other team activity). Skiing from 7:00-noon; followed by video analysis, conditioning, and tech talks. Depart following skiing on August 10.

Why:

Learning the proper line while staying focused on solid technique will help skiers be faster more consistently. Without the pressure of upcoming races, the racers are more receptive to trying different racing lines to learn what works best. With full-day access to the coaches and close interaction with a competitive peer group, many new skills are learned during summer camps with excellent carryover into the next season. Life-long friendships are formed, and while we work hard, we also have a whole lot of fun.

How:

Register by July 10, 2011. Forms at www.wpcompcenter.com on the summer camps page, or at www.teamwinterpark.org. Questions? Call 970.726.1590 or email center@winterparkresort.com.

Camp Fees: Full session: \$1,800 for Comp Center members, \$1,900 for non-members
Team Van Transportation: \$ 140 each way SPACE IS LIMITED SO SIGN UP EARLY



MT. HOOD CAMP 2011 August 2-10, 2011

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Email Address: _____

Home Phone: _____ Birthdate: _____/_____/_____

Mother's name: _____ Phone #: _____

Father's name: _____ Phone #: _____

Travel info (check one):

By plane: Arrival Airline: _____ Flt#: _____ Time: _____ AM/PM

Depart Airline: _____ Flt#: _____ Time: _____ AM/PM

Campers must arrive at **Portland International Airport (PDX)** for 4:00pm pick up on August 2.
Return flight must be scheduled for 4pm or later on August 10.

Team WPK Van (\$140 EACH way, includes equipment transport)

Driving on own: Call/email Darryl Whitaker to arrange meeting time in Portland.
775-781-8155 or dwhitaker@winterparkresort.com

Camp Cost per Session: does not include travel costs. \$100 late fee after July 10
\$1800 _____ Comp Center members \$1900 _____ Non Comp Center member

\$40 equipment transport fee - applies for those getting picked up at the airport in Portland and/or drop off equipment to be transported by van (instead of paying air baggage fees).

Amount (include van if applicable @ \$140/way or \$40 for equipment): \$ _____

Check: Make payable to WPOC.

Credit Card Number: _____ Exp date: _____

Authorized signature: _____

Please send with payment by **July 10th** (*received OR postmarked*):

Winter Park Competition Center
P.O. Box 36
Winter Park, CO 80482
Fax 970-726-1690 or 303-316-1690

GROUP/EVENT/CAMP/SHOP NAME: Team Winter Park

TIMBERLINE LODGE & SKI AREA
AGREEMENT OF RELEASE AND INDEMNITY
FOR SUMMER 2011

NAME OF PARTICIPANT: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I acknowledge that snow skating, bicycling, skiing, snowboarding, racing, chairlift use (including the loading and unloading process), sports event production, sports events, the use and presence of snowmobiles and snowcats, vehicle shuttle transportation, and related sports activities including training and preparation for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I understand that there are risks of injury and death associated with participation in sports activities. I ASSUME THE INHERENT RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE. I understand that no refunds of any fees will be given after the program, event, or session begins.

IN CONSIDERATION OF PARTICIPATING IN ANY SPORTS ACTIVITIES, I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZERS AND SPONSORS OF THE SPORTS ACTIVITIES, AND R. L. K. AND COMPANY DBA TIMBERLINE SKI AREA, AND THEIR OFFICERS AND DIRECTORS, OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PREPARATION OR PRACTICE FOR, OR MY PARTICIPATION IN, SPORTS ACTIVITIES, OR ANY USE OF THE FACILITIES OR EQUIPMENT OF TIMBERLINE SKI AREA. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE ANY AND ALL CLAIMS AND LIABILITIES INCLUDING THOSE CAUSED BY THE NEGLIGENCE OF TIMBERLINE SKI AREA AND/OR THE ORGANIZERS AND SPONSORS OF ANY SPORTS ACTIVITIES.

I agree to abide by the Skier Responsibility Code, ORS 30.970, and any rules, regulations, directions, signage, warnings, and/or orders of Timberline Ski Area. If I do not, I understand that Timberline Ski Area can revoke my Sports Activities privileges.

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I hereby irrevocably grant and convey to 'RLK and Company' all right, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings at Timberline Lodge and Ski Area. I further irrevocably grant to RLK and Company, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of Timberline Lodge and Ski Area. I agree that all intellectual property rights to the sound, still, or moving images belong to RLK and Company. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

I, the undersigned, have carefully read and understood this Agreement and all of its terms. I understand that this is a RELEASE AND INDEMNITY AGREEMENT which prevents me or my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

PARTICIPANT'S NAME (Please print): _____ DATE: _____

PARTICIPANT'S SIGNATURE: _____

PARENT OR GUARDIAN OF PARTICIPANT (MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT/GUARDIAN NAME (Please print): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____