

WHAT CAMPERS NEED TO KNOW

- This is a four day camp:
Monday, July 12 - Thursday, July 15
8:45 AM - 12:30 PM
- Friday, July 16 is reserved as a rain day.
Should camp be cancelled due to rain, you will be notified early that morning.
- Appropriate dress is essential.
It is recommended that a light colored t-shirt be worn. Cotton or synthetic is appropriate.
- Running shoes are required.
- Sunscreen, a visor or cap, and sunglasses are also recommended.
- While water will be provided, campers should bring with them a water bottle to refill.
- Campers are also encouraged to bring a light nutritious snack to eat during breaks.
- A high protein / carbohydrate recovery meal / drink 30 minutes after camp is also important to aid in recovery and to prepare for the next day's activities.

BOB GILMARTIN'S CONTACT INFORMATION

Phone: 973-668-8836

Email: robert.gilmartin@sparta.org

SPARTA

TRACK AND FIELD & CROSS COUNTRY SUMMER CAMP 2021

BOB GILMARTIN

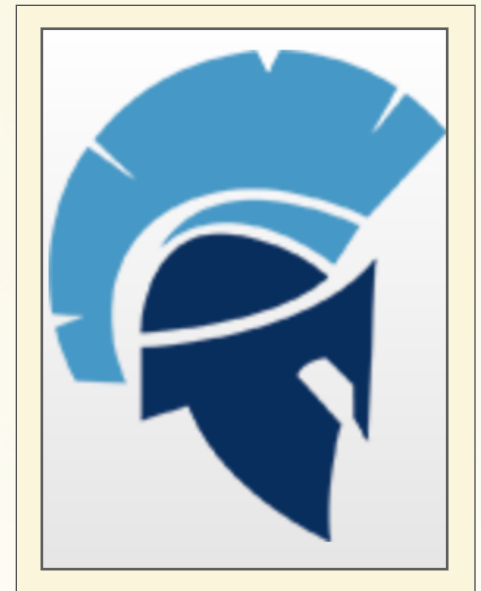
CAMP DIRECTOR



Coach Gilmartin has been coaching Track and Cross Country, in Sparta, for the past 10 years at both the middle and high school levels. Over the past several years, under Coach Gilmartin, Sparta Middle School has had numerous athletes win at the Sussex County Championship and go on to successful careers as varsity and college athletes. Coach Gilmartin is excited to work with all of the boys and girls who attend the camp.

SPARTA

TRACK AND FIELD & CROSS COUNTRY SUMMER CAMP 2021



🌿 JULY 12 - JULY 15 🌿

8:45 AM - 12:30 PM

A fun summer camp where the focus is on skill development in a non-competitive environment.

Open to those entering Grades 2-9.

All ability levels are welcome and encouraged to attend.



Camp is held at the Sparta High School Track Complex.

SPARTA

TRACK AND FIELD & CROSS COUNTRY SUMMER CAMP 2021

**THE PRIMARY GOAL OF THE
SPARTA TRACK AND FIELD &
CROSS COUNTRY CAMP IS TO
HAVE FUN!**

**CAMP WILL FOCUS ON THE
DEVELOPMENT OF FUNDAMENTAL
SKILLS FOR TRACK AND FIELD &
CROSS COUNTRY BY INTRODUCING
CAMPER'S TO A VARIETY OF TRACK AND
FIELD EVENTS. CAMPER'S ARE ABLE
TO WORK ON EVENTS OF THEIR
CHOICE AND INTERESTS.**

**IN ADDITION TO COACH GILMARTIN,
STAFF WILL INCLUDE SPARTA TRACK
AND FIELD ATHLETES AS WELL AS
ALUMNI, INCLUDING CURRENT
COLLEGE TRACK AND FIELD
ATHLETES.**

ACTIVITIES WILL INCLUDE:

- + TRACK AND FIELD EVENTS SUCH AS:
LONG JUMP, HIGH JUMP,
DISCUS, AND SHOT PUT.
- + 100, 200, 400, AND 800 METER
RUNNING.
- + DISTANCE AND CROSS COUNTRY
RUNNING.
- + BODY WEIGHT CIRCUIT TRAINING.
- + RUNNING DRILLS TO HELP WITH
FORM.
- + RUNNING GAMES.

SPARTA

TRACK AND FIELD & CROSS COUNTRY SUMMER CAMP 2021



REGISTRATION FORM

CAMPER'S NAME: _____

ADDRESS: _____

PARENT / GUARDIAN PHONE #: _____

AGE / GRADE (IN THE FALL OF 2021): _____

SCHOOL: (IN THE FALL OF 2021): _____

SHIRT SIZE (CIRCLE ONE): YS YM YL
AS AM AL AXL

PHOTO CONSENT (CIRCLE ONE): YES / NO

PLEASE DETACH AND SEND ALONG WITH
YOUR PAYMENT OF \$160 TO:

ROBERT GILMARTIN
46 HIDDEN GLEN DRIVE
SPARTA, NJ 07871

OR VENMO @ROBERT-GILMARTIN

PLEASE FILL OUT BOTH PANELS

(REGISTRATION FORM AND PARENT RELEASE / AUTHORIZATION),

DETACH TOGETHER, AND RETURN

PARENT RELEASE / AUTHORIZATION

I, THE UNDERSIGNED, INDIVIDUALLY OR AS A PARENT(S)
AND GUARDIAN(S) OF _____,
A MINOR, DO HEREBY CERTIFY THAT HE/SHE IS IN GOOD
PHYSICAL CONDITION TO TAKE PART IN SPARTA TRACK AND
FIELD & CROSS COUNTRY SUMMER CAMP (HEREIN KNOWN AS
"SPARTA T&F AND CCSC") AND I DO UNDERSTAND THAT DURING
ACTIVE ACTIVITY INJURIES CAN OCCUR. SHOULD A MEDICAL
EMERGENCY ARISE AND I CANNOT BE REACHED, I HEREBY
AUTHORIZE THE STAFF OF SPARTA T&F AND CCSC TO SEEK
APPROPRIATE MEDICAL ATTENTION FOR HIM/HER. I WILL BE
RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL ATTENTION
AND TREATMENT FOR HIM/HER. I, THE UNDERSIGNED, MY HEIR,
EXECUTORS AND ADMINISTRATORS, HEREBY AGREE TO RELEASE,
DISCHARGE, AND HOLD HARMLESS, ITS OFFICERS, AGENTS, AND
EMPLOYEES OF AND FROM ALL CAUSES LIABILITIES, DAMAGES,
CLAIMS OR DEMANDS, WHATSOEVER ON ACCOUNT OF ANY
INJURY OR ACCIDENT INVOLVING THE SAID MINOR ARISING OUT
OF THE MINOR'S ATTENDANCE AT SPARTA T&F AND CCSC.

SIGNATURE OF PARENT/GUARDIAN: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____
(PLEASE PRINT CLEARLY)

EMERGENCY CONTACT PHONE #: _____

MEDICAL INFORMATION

ALLERGIES: _____

FAMILY PHYSICIAN'S PHONE #: _____