

The University of Colorado men's and women's ultimate teams are proud to introduce to you the first summer camp specifically designed for the advanced high school Ultimate player, the...

## **JUNIOR ELITE METHODS CAMP 2005**

### How will JEM help you excel beyond the competition?

- JEM is specifically designed for the high school player who is already experienced and skilled. With such elite campers, JEM is able to go beyond basic training to teach advanced techniques using highly developed methods; JEM uses methods from the next level in order take you there. At JEM you'll test your limits against the best Junior players the rest of the country has to offer, in the most advanced training environment.



- JEM will feature separate men's and women's camps for specialized instruction and a superior competition format. The men's and women's camps will be held during the same week, and at the same location, but with separate curriculum, instructors, and competition. Elite men will be battling it out against each other on one set of fields, while a few yards away, elite women challenge each other.

- This new stage in Ultimate camps comes to you at a truly unbeatable price of \$490. JEM is intended purely as a tool to spread and improve the great game that is Ultimate; it is neither a team fundraiser, nor a source of income for any individual. We want to give you a quality product at the lowest possible price. Compared with any other resident sports camp of equal length, service, and instruction, this is a great deal.

### What learning environment does JEM have to offer?

- Not only is JEM designed to take you to new heights as an Ultimate player, but it is also set in an environment to aid in your transition to the next phase that is college life. Campers will be staying in University of Colorado dorms in beautiful Boulder, Colorado. At the end of a great day of Ultimate, everyone will get to hang out together during meals, evening activities, and social time in THE great Rocky Mountain college town.

- JEM not only uses advanced methods, but also applies those methods in the same environment that produced the 2004 men's college national champions and a perennial women's college powerhouse. Campers will

get the chance to train under some of the same methods and on some of the same fields as the top tier Colorado Ultimate program.



Who will be guiding you?

- Under the direction of the 2004 men’s college national championship coaches, JEM will feature some of the best and brightest from elite club teams such as Johnny Bravo and Rare Air, venerable stalwarts from Old and In The Way, and, of course, veterans of CU’s 2004 National Championship Mamabird team and Kali.

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| <p><b>Requirements:</b></p> <p>Athletes who are between the ages of 14 and 19, and have completed at least one season of play on a competitive high school team or elite level (A) league team are invited to register. This is not a camp for beginners, or those who shy away from competition.</p> | <p><b>Dates:</b></p> <p>Campers will be invited to arrive on Sunday, July 31 for check-in and orientation. Camp will officially begin on Monday, August 1 and conclude mid-day on Friday, August 5. Campers will stay in the dorms Sunday evening through Thursday evening, and check out on Friday.</p> |
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| <p><b>Cost:</b></p> <p>Attend JEM for the truly unbeatable price of \$490. Cost includes instruction, room and board, meals, evening activities, and camp shirt and disc. We want to give you a quality product at the lowest possible price; to prove we mean what we say: once the books are closed on JEM 2005, campers will be given a cost breakdown showing exactly where their money was spent. Plus, if the books are uneven, we assure reimbursement for any markedly superfluous costs. A \$100 deposit is required upon application and <b>complete payment will be due by July 1<sup>st</sup></b>.</p> | <p><b>Transportation:</b></p> <p>The camp director will provide ground transportation to/from campus for anyone flying into/out of Denver International Airport before the camp on Sunday, July 31st and after on Friday, August 5th. Campers arriving by car are invited to come directly to campus on Sunday afternoon.</p> |
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**Contact Us for an Application:**

Contact Camp Director Jolian Dahl ([Jolian.Dahl@colorado.edu](mailto:Jolian.Dahl@colorado.edu)) or Coach Catt Wilson ([djfrontier@hotmail.com](mailto:djfrontier@hotmail.com)) for an application packet. Also, feel free to contact Camp Director Jolian Dahl with any questions or concerns.

# Medical History and Treatment Permission for Camp Participants

This form is required for all participants; please complete and submit at registration. **Please Print.**

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| <b>Camp/Activity Name</b> _____ <u>Junior Elite Methods Camp</u> _____<br><b>Attendance Dates</b> _____ <u>July 31<sup>st</sup> 2005</u> _____ to _____ <u>August 5<sup>th</sup> 2005</u> _____<br><span style="display: block; text-align: center; font-size: small;">Start Date <span style="margin-left: 150px;">End Date</span></span> |
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|                                 |                     |                         |       |     |
|---------------------------------|---------------------|-------------------------|-------|-----|
| <b>Participant Information:</b> |                     |                         |       |     |
| Name _____                      |                     |                         |       |     |
| First Name                      | Middle              | Last                    |       |     |
| Age _____                       | Date of Birth _____ | Social Security # _____ |       |     |
| Home Address _____              |                     |                         |       |     |
| Street Address                  |                     | City                    | State | Zip |

|                                   |  |                |  |                |
|-----------------------------------|--|----------------|--|----------------|
| <b>Father/Guardian Name</b> _____ |  |                |  |                |
| Address _____                     |  |                |  |                |
| Phone: Home ( ) _____             |  | Work ( ) _____ |  | Cell ( ) _____ |
| Pager ( ) _____                   |  |                |  |                |
| <b>Mother/Guardian Name</b> _____ |  |                |  |                |
| Address _____                     |  |                |  |                |
| Phone: Home ( ) _____             |  | Work ( ) _____ |  | Cell ( ) _____ |
| Pager ( ) _____                   |  |                |  |                |
| <b>Other Contact Person</b> _____ |  |                |  |                |
| Phone: Home ( ) _____             |  | Work ( ) _____ |  | Cell ( ) _____ |
| Pager ( ) _____                   |  |                |  |                |

|  |  |   |
|--|--|---|
| <b>Family Physician</b> _____  |  | <b>Phone #:</b> ( ) _____                 |
| <b>Medical History:</b> <i>(Please use back of this sheet if necessary)</i>  |  | <b>Date of last tetanus booster</b> _____ |
| <b>Allergies:</b> Insect bites/stings <i>(please list)</i> _____   |  |   |
| Food <i>(please list)</i> _____  |  |   |
| Drug <i>(please list)</i> _____  |  |   |
| Other <i>(please list)</i> _____   |  |   |
| Is the participant under the care of a provider for a medical and/or psychological problem? Yes____ No____<br><i>If yes, please explain:</i> _____ |  |   |
| Is the participant taking medication prescribed by a health care provider? Yes____ No____<br><i>If yes, please explain:</i> _____                  |  |   |
| Other information we should be aware of ? _____  |  |   |

|  |                   |                       |                     |
|--|-------------------|-----------------------|---------------------|
| <b>Payment Information for care and treatment received:</b> Unless your camp is insured through University Risk Management, cash, check, or credit card payment is required at time of service. These charges will not be billed to your insurance company. Please provide credit card information for a card valid during the dates of attendance at the event above. |                   |                       |                     |
| Visa _____   | Master Card _____ | Expiration Date _____ | Credit Card # _____ |
| Name on the Card _____   |                   | Signature _____       |                     |

**Parental/Guardian Permission:** I give my permission for diagnostic and therapeutic procedures as may be necessary for the above-named participant by any licensed health care facility. I understand that the health care facility will make a reasonable attempt to contact me first, if time and conditions permit. **I agree to be responsible for all charges incurred.**

Name *(Printed)* \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

# 2005 JUNIOR ELITE METHODS CAMP APPLICATION

Please complete this Application and the Camper Medical History and Treatment Permission Form and mail them along with a \$100 deposit (or the full amount) check/money order payable to the Mamabird Ultimate Association to:

Mamabird Ultimate Association  
435 S. 41<sup>st</sup> Street  
Boulder, CO 80305

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Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / 19\_\_\_ Sex: M / F

Address: \_\_\_\_\_ Contact Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Briefly describe your experience as an elite junior Ultimate player:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For the purpose of intra-camp competitions - How would you rank yourself in these abilities:

Marking: (not great) 1 2 3 4 5 (the best)

Throwing: (not great) 1 2 3 4 5 (the best)

Receiving (Deep): (not great) 1 2 3 4 5 (the best)

Downfield Defense: (not great) 1 2 3 4 5 (the best)

High School: \_\_\_\_\_ E-mail: \_\_\_\_\_

H.S. Team Name (if app.): \_\_\_\_\_ Years in Existence: \_\_\_\_

Coach's Name (if app.): \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about the camp? \_\_\_\_\_

What is the one thing you most want to improve about your Ultimate game at JEM?

\_\_\_\_\_