

CAMP DATES

July 30-August 3
Grades: 4-12

CAMP SITE

Marymount University
Arlington, Va.

COST

\$250 for each session per runner
Includes: camp shirt, camp water bottle, and an
evaluation by the coaches.

LUNCH OPTIONS

Campers can purchase lunch which is catered by
Sodexo food service for \$7/day or \$35/week.
Campers can also bring their lunch.

DAILY SCHEDULE

Always meet in the Lee Center. Each day will in-
clude a "Special of the day" teaching skill (nutri-
tion, biomechanics, goal setting, etc), teaching
stations, and/or races.

Extended supervision hours of 8 am –9am and 4-
5pm are available for an extra charge of \$50 for
the week.

**Payment in full is required two weeks prior to
the start of the session in which the camper is
enrolled.**

**Confirmation of camp application will be mailed
out within two weeks of receipt of the applica-
tion.**

**You must sign the release form on the back of
this application. Thank you.**

CAMP DIRECTOR

Josh Merck

Marymount University
Head Coach, Cross Country



Josh Merck just finished his third season as the
head coach for Marymount’s men’s and women’s
cross country teams. Competing against Division I,
II and III schools this season the team showed huge
drops in times and concluded the season with the
best team finish on the men’s side in program his-
tory. This year Coach Merck guided three of his run-
ners to qualify for NCAA Regional competition.

Prior to becoming Marymount’s head coach, Coach
Merck was a high school coach where he coached
one Northern Region Champion, one AAA State
Runner-Up, numerous All-State, All-Region and All-
District runners in the distance events.

For further information:
Contact Josh Merck
(W) 703-284-1518
josh.merck@marymount.edu
or
Baillie Locke
(W) 703-284-1518
baillie_locke@marymount.edu

**MARYMOUNT UNIVERSITY
2012 RUNNING CAMP APPLICATION**

Name: _____
Age: _____ Height: _____
Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Emergency Phone: _____
School/Team: _____
Grade September '11: _____
5K Time: _____

T-shirt Size: YS YM YL S M L XL

[] Enclosed is a check for **\$150** as a **non-refund-
able** deposit fee for the Marymount Cross Country
Camp. I understand the balance of **\$100** is due two
weeks prior to the first day of camp.

[] Enclosed is a check for **\$250 for the Marymount
Running Camp, \$150 of this amount is non-refund-
able. Should the camper cancel from her enrolled
session after the date for payment in full of that
session, there will be no refund.**

**Please make checks payable to
MARYMOUNT UNIVERSITY
and return application(s) to:**

**Josh Merck
Marymount University Athletic Department
2807 North Glebe Road
Arlington, VA 22207**

PLEASE SIGN THE BACK

**2012 MARYMOUNT UNIVERSITY
RUNNING CAMP**

PLEASE READ AND SIGN: I give my child permission to participate in the program indicated on this form. I understand that there may be inherent risks in any activity, and that the advice of a medical doctor should be obtained prior to my child's participation in the program. I hereby waive and release Marymount University, the Marymount University Cross Country Camp, its director and staff from and against all claims for illness or injury directly resulting from my child's participation.

I have read and understood that the deposit of \$150 is non-refundable at all times. Full payment of \$100 is due two weeks prior to the start of camp. At that time, full payment is non-refundable.

Signature: _____

Date: _____

**2012
MARYMOUNT
UNIVERSITY
RUNNING CAMP**



**July 30th - August 3rd
9 am - 4 pm**

**Copies of this form can be printed out
from our website:
www.marymount.edu/athletics/camps.aspx**