

Carter Caves Junior Orienteering Training Camp

June 2-6, 2024

Carter Caves State Park, Olive Hill, Kentucky
Organized by Orienteering Cincinnati, Inc. (OCIN)

Carter Caves Junior Orienteering Training Camp is a week of intense physical activity for youth age 12-18 in middle or high school, who wish to improve their competitive orienteering skills.

This training is for serious young competitive orienteers who are in excellent health and physical condition, are successfully completing courses at yellow level or above, and who are physically ready to undertake several consecutive days of intense physical and mental activity. You will do several courses and training activities each day. Any orienteering club, school team, or individual who meets the basic requirements is invited to apply. ***Due to limited space, admission will be selective.***

Camp Location: Carter Caves State Resort Park (CCSP), Olive Hill, KY

Dates: Arrive: Sunday, June 2, 2024 at Noon
(Eat lunch prior to check-in, dinner will be the first camp meal)
Depart: Thursday, June 6, 2024 at Noon

Camp Cost: **\$250 (Junior Participant) and \$250 (Adult Coach/Chaperone).** Camp fees are all-inclusive, including lodging, meals, maps, training materials. Scholarships may be available to those with identified needs.

About the lodging:

Juniors will be housed in the cottages at CCSP. Each air-conditioned cottage has two bedrooms, each with 2 double beds, 2 bathrooms, a living room area with couch, and an equipped kitchen. Up to 8 juniors will be assigned to a cottage. If you are not comfortable sharing a bed, bring a sleeping bag or bedding and pillow - there is couch and floor space.

Most **Staff, Coaches, and Chaperones** will be housed in the State Park lodge. Each lodge room has two double (or queen) beds. Staff will be housed 2 to a room. Any adult who requires a room to him/her self will pay an additional "single supplement" of \$200.

Off-property Housing. Any club or school team wishing to stay off-property in hotels in Grayson or other nearby communities will get \$100 per junior and \$150 per adult off the camp fees. Because on-property lodging space is limited, this may allow more groups to bring students to the training camp. You will be responsible for booking your own off-property lodging. Contact Camp Director for details.

You (and/or coach) must provide / arrange:

Transportation to and from Carter Caves State Park
Individual orienteering equipment and supplies (see gear list)
Personal clothing and equipment

Schools / clubs / teams: sending 4 or more participants should provide a vehicle and driver, coach or chaperone who can remain with the group through the week. Contact director with any concerns.

Director: Mike Minium

phone (513) 405-1426

email: mikeminium@gmail.com

Junior Orienteers: You are expected to participate in all training and assist with cleaning, setup, and other duties during the training camp. This will be a fast-paced and intense experience. You will work your tail off, but will also significantly improve your orienteering skills, and have fun doing it.

Coaches: Please prepare your orienteers for success at Carter Caves. You must actively organize, train, and equip your runners before showing up. Get them running in the heat. It will likely be hot and humid. **All runners must have a hands-free water carrier, good orienteering shoes, and gaiters/running pants.**

Training / Groups: Based on your experience, coach recommendations, and staff input, runners will be grouped as either intermediate or advanced. Runners may be moved up or down based on performance during the week.

Prerequisite: Positive attitude and no couch potatoes. Participants must be physically active, motivated, and ready to improve the skills of advanced orienteering. You should be able to run 2 miles in 18 minutes (male) or 22 minutes (female), and have prior orienteering experience, at a minimum completing yellow level courses.

Clothing and equipment: Participants must bring at least 4 complete changes of clothes, an extra pair of shoes, and extra undergarments/socks. T-shirts, shorts, and running shoes are appropriate for most non-orienteering activities. Conservative/modest swimsuit and beach towel (to be determined if the park pool will be available). Wet weather gear such as rain jacket, poncho, ball cap). Pajamas. Clothing should be school-appropriate.

General Equipment: Insect repellent, sunscreen, glasses / sunglasses, roll of duct tape, toiletries, small first aid kit with tweezers, soap, shampoo, washcloth, bath towel, laundry bag. Bedding, sleeping bag, pillow. The cottages will have furnished beds and towels, but assuming 2 to a bed, 4 to a room. Bright flashlight or headlamp, extra batteries, notebook and writing utensils.

Orienteering Equipment: Hands-free water carrier (camelback or similar) is required on all courses. Watch, whistle, compass (bring a spare) are required on all courses. Sport-Ident (E-stick) (one can be provided if you don't have one), clue card / description holder. Orienteering or running pants, gaiters or orienteering socks strongly suggested. Shorts are not recommended for orienteering. Running / Trail / Orienteering Shoes, Flashlight or headlamp for night orienteering. Eye protection (as desired).

Other Equipment: Cell phones, charging cords, cameras, etc. There should be cell service in the cabin area, but very limited wi-fi in our classroom, but not in the cottages.

Preparation / Pre-requisite skills:

Able to run 2 miles in 18 minutes (boys), 22 minutes (girls). Able to run/walk/hike 10 miles per day.

Successfully completed at least 2 yellow level courses

Folding / orienting / thumbing the map

Proper use of a compass to orient the map and follow a bearing

Basic orienteering symbols / map reading

Understand orienteering terms / vocabulary

Read control description cards and IOF symbols

Applications and Payment: Applications are due by April 29, 2024. Full Payment is due by May 10, 2024.

Scan the application form (PDF strongly preferred) and email to mikeminium@gmail.com

2024 Carter Caves Junior Orienteering Training – Runner Application

Name _____ Nickname _____
Last First Middle

Street Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

E-mail Address _____

School / Club / Organization (s) _____

Gender (circle one) M F SI E-punch number _____ Need one? _____

T-shirt size (circle one) S M L XL XXL XXXL Date of Birth _____

Are you a swimmer (circle one)? non-swimmer weak medium strong certified lifeguard

Room-mate preferences (up to 3) _____

Parent Information:

Name _____ Cell phone _____

Email _____

Coach information:

Name _____ Cell phone _____

Email _____

Coach or Adult Leader: Please certify that this applicant meets the physical requirements. Runners must be in good physical condition to successfully complete the training camp in rugged terrain.

I certify that the applicant meets the physical requirements as outlined above:

2 mile run time: _____ (min) _____ (sec)

What level do you request for the runner to participate (circle one):

Intermediate: Yellow-Orange Advanced: Orange-Brown Expert: Brown-Green-Red

Signature of Coach / Leader _____ Date _____

Scan the application form (PDF strongly preferred) and email to mikeminium@gmail.com

Or mail to Mike Minium, 6797 Stillwell Beckett Rd, Oxford OH 45056-8870

Applications are due no later than April 29

*Fee is \$250. If you are selected to attend, you will be sent a link to pay online via PayPal. Payment is due by May 15. **Checks payable to "OCIN"**, mailed to Mike Minium, 6797 Stillwell Beckett Rd, Oxford OH 45056-8870.*

2024 Carter Caves Junior Orienteering Training – Runner Experience Form

All Camp attendees, please indicate your orienteering experience over the past 12 months. Only your most recent and highest level courses need to be listed. This form will be used to help ensure proper placement to maximize your learning and camp experience.

How many years have you been orienteering? _____

Highest level course(s) you have successfully completed on your own? _____

Date	Event / Meet Name	Location	Event Host Club	Course

From one of the events above, list one or more things that you learned about yourself and / or are most proud of regarding orienteering.

What are your goals to learn from the camp and to accomplish in orienteering?

Carter Caves Junior Orienteering Training – Consent to Medical Treatment

I, _____ consent to be treated in any government or civilian medical facility, near or enroute to the Carter Caves Junior Orienteering Training at Olive Hill, KY, during the period of June 1 through June 7, 2024. This consent encompasses all procedures and treatments as are found necessary or desirable, in the judgement of the professional staff of any of the above named medical facilities. I understand that this consent is of a general nature, and accordingly list the following exceptions to this consent. (If no exceptions, please write in “No Exceptions”)

I (am) (am not) on medication. Please lists medications, dosage, and frequency

I (am) (am not) allergic to medication (list types if allergic)

I understand that this consent may be withdrawn in writing or orally at any time.

Print name of participant

Signature of participant

Print name of witness

Signature of witness

PARENT or GUARDIAN: (when participant is a minor or unable to give consent)

I, _____, parent / guardian of _____ have read and understood the above consent to treatment and hereby express consent to the above-described treatment.

Print name of parent / guardian

Signature of parent / guardian

Print name of witness

Signature of witness

Individual Health and Medical Record

Please PRINT all information LEGIBLY. Use back of form if necessary.

Date _____

Full Name _____

Birthdate _____

Home Address _____

Name of Emergency Contact _____ Phone _____

Alternate Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Family Doctor _____ Phone _____

Specialist _____ Phone _____

Name of Dentist _____ Phone _____

Insurance: Name of Insurer _____ *(Provide copy of front and back of ins. card)*

Address _____ Phone _____

Name of Insured _____ Policy # _____

Medical History: Circle all items that apply, past or present, to your health history:

Allergies: Plants Insects Medicine Food Other

ADHD Asthma/Wheezing Back pain/injury Bleeding Disorder/Nosebleeds

Bone Fracture/Joint Injury Chest Pain Convulsions/Seizures Diabetes Digestive Problems

Dizziness/Fainting Headaches/Migraines Heart Arrythmia/Condition High Blood Pressure

Skin Problems Artificial Joint or Implant Other

Please explain any circled items: _____

List all **medications** taken within the past 30 days _____

List all **medications** to be taken during the camp _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, running, hiking long distances, or playing strenuous physical games

List equipment needed such as supports, braces, contact lenses, glasses, hearing aid, etc

Immunizations (give date of most recent) Covid _____ Hepatitis B _____

Diphtheria, Pertussis, Tetanus (DPT) _____ Tetanus Booster _____ Polio _____

Measles, Mumps, Rubella (MMR) _____ Other _____

Carter Caves Junior Orienteering Training Camp Parent / Guardian Agreement / Release / Permission

I give my permission for my son / daughter _____ to participate in the 2024 Carter Caves Junior Orienteering Training. I understand that activities will include orienteering training, physical fitness activities, and other activities potentially including swimming / aquatics, and other physically demanding activities. I understand that if my participant is unwilling or unable to meet the physical requirements of camp, that I may be notified to pick up my participant, at no expense to the camp.

I understand that a **Zero Tolerance** policy on participant conduct and behavior involving drugs, alcohol, tobacco, public displays of affection, etc. will be strictly enforced. All school district and state park policies will be in effect during this training, from time of arrival until participants depart. If a participant should violate these rules, the parent / guardian may be notified to pick up their participant prior to the end of camp, at no expense to the camp.

I understand that I may be charged for any damage to camp equipment or park property, and I accept full responsibility for my participant's actions during this camp.

I (and my participant) understand that all camp participants will share tasks such as cleaning common areas including training rooms, dormitories, restrooms, and surrounding grounds. The camp director and staff will make these assignments, and all participants are expected to do their share.

To the best of my knowledge, my son/daughter is in good physical condition. Participation in this training camp, in my opinion, will not have an adverse effect on his/her health. I will immediately notify the camp director of any changes. Medical support, on site, will first be provided by camp staff (and possibly state park staff). Any participant requiring medical care beyond first aid will be sent to a local clinic or hospital. Participants will be financially responsible for any medical requirements beyond that provided by camp staff. Health insurance is required to participate in this training, with full insurance information provided.

All medications the participant is taking should be given to the camp medical officer for appropriate dispensation according to the instructions from parents and/or doctor.

Should a participant be required to be picked up from camp early, it will be at no cost to camp, and no portion of camp tuition will be refunded.

I understand that still and video photography may be taken at camp and that images of my participant may be used by Orienteering Cincinnati, Orienteering USA, and Kentucky State Parks.

I understand that my participant will be unable to attend Carter Caves Junior Orienteering Training without this signed agreement / release form, proper insurance documentation, and signatures below, agreeing to the provisions outlined above.

Print name of participant

Signature of participant

Print name of parent / guardian

Signature of parent / guardian

Carter Caves Junior Orienteering Training Camp

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in any way in the Orienteering USA member club events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree, and represent that I and/or my minor child understand the nature of orienteering activities and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such activity. I further agree that if at any time I believe conditions to be unsafe, I and/or my minor child will immediately discontinue further participation in the activity.

2. Fully understand that (a) orienteering activities involve risks and dangers of serious injury or in extreme cases, death. (risks) (b) these risks and dangers may be caused by me and/or my child's own actions, or inaction, or the actions or inaction of others participating in the activity, the condition in which the activity takes place, or the negligence of the "releasees" named below; (c) there may be other risks either not known to me or not readily foreseeable, and I fully accept all such risks and responsibility for losses, costs and damages, I and/or my minor child incur as a result of my participation in the Activity.

3. Hereby accept and assume all such risks, and assume all responsibility for the losses, costs and/or damages following such injury, or death, even if caused in whole or in part, by the negligence of the "releases" named below.

4. Hereby release, discharge and covenant not to sue the member club, their respective administrators, directors, agents, officers, officials, volunteers, and employees, other participants, any sponsors, advertisers, Orienteering USA, host third party operators and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations, and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the releasees I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

5. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely without the inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Event Site: CARTER CAVES JUNIOR ORIENTEERING TRAINING – JUNE 2-6, 2024

Signature of Participant

Print Name of Participant

Date

Signature of Parent / Legal Guardian
(If Participant is under age 18)

Print Name of Parent / Guardian

Date

2024 Carter Caves Junior Orienteering Training – STAFF Application

(Please include runner experience page, medical permission and information, and both waiver forms)

Name _____
Last First Middle Nickname _____

Street Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

E-mail Address _____

School / Club / Organization (s) _____

Gender (circle one) M F Year Born _____

T-shirt size (circle one) S M L XL XXL XXXL SI E-punch number _____

Are you a swimmer (circle one)? non-swimmer weak medium strong certified lifeguard

Coaches or Adult Leaders may participate in the trainings and competitions. You do not have to participate in all events. Please answer the following:

1. Are you interested in participating in the trainings and competitions alongside camp participants?

Yes No

2. At what level would you like to participate during the training camp?

Intermediate: Yellow-Orange Advanced: Orange-Brown Expert: Brown-Green-Red

Staff Members and coaches are expected to assist with orienteering training and other tasks as needed. Do you have any special qualifications that might help us, such as certified lifeguard, EMT / emergency medical skills or qualifications, etc?

Please provide a brief biography of your orienteering (and other interesting) experience

Signature of Applicant _____ Date _____

All adult participants must be currently certified as SafeSport Trained or SafeSport for Volunteers. You must first create an account through Orienteering USA at <https://orienteeringusa.org/resources/safesport/>. Allow a week for OUSA to activate your account. Please forward certificates to Camp Director upon completion.

Scan the application form (PDF strongly preferred) and email to mikeminium@gmail.com

or mail to Mike Minium, 6797 Stillwell Beckett Rd, Oxford OH 45056-8870

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