



BIG RIVER CROSS COUNTRY CAMP 2018

Monday, July 16 – Friday, July 20

This form may be used to register on-site on the first day of camp. Bring the completed form and a check or cash on the first day. Do not mail in this form.

Camp Fee: \$125

If you register as part of a team (5 or more campers), your fee is \$100. If you can't attend all 5 days of camp, you may pay \$25/day.

Days attending camp (Please circle): Monday Tuesday Wednesday Thursday Friday

Team (if applicable) _____

Checks can be made out to **Big River Running Co.** Total Amount Owed: \$ _____

CAMPER AND PRIMARY CONTACT INFORMATION

| | | | | | |
|--|---|-------------------|--|------------------------------|--|
| First Name: _____ | | Last Name: _____ | | Age (during camp): _____ | |
| Name of School: _____ | | | | Year of HS Graduation: _____ | |
| Gender: _____ | Short size (adult sizes): Women's XS SM MED LG Men's SM MED LG XL | | | | |
| Camper Email Address: _____ | | | | | |
| Name of Parent/Guardian/Emergency Contact: _____ | | | | | |
| Guardian Email Address: _____ | | | | | |
| Mailing Address: _____ | | | | | |
| City: _____ | | State: _____ | | Zip Code: _____ | |
| Home Phone: _____ | | Cell Phone: _____ | | Work Phone: _____ | |

HEALTH INFORMATION

Are you a vegetarian? **YES** **NO**

Any special dietary needs? Note: we will do our best to accommodate, but may ask that you bring your own food if we are unable to.

List any allergies (food, medicine, nature-related, etc):

List any current injuries or medical conditions that may impact your running or needs to be monitored during camp:

Waiver - I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I grant permission for my son/daughter to attend Big River Cross Country Camp. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in the activities related to camp. I agree to indemnify, hold harmless and forever discharge Big River Running Company, its staff and employees as well as Christ, Prince of Peace and City of Manchester, its staff or employees for any and all liabilities, claims and causes of actions from injury loss or property damage caused to my son/daughter while at camp. I will be responsible for any and all costs of medical attention and treatment. Further, I hereby grant full permission for the free use of the camper's name and/or any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose.
By signing, I agree to all terms and conditions:

Parent/Guardian signature (if camper is under 18) X _____

Please Print Name: _____