



BIG RIVER WINTER DISTANCE CAMP 2018
Thursday, Dec. 27 – Sunday, Dec. 30

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

Camp Fee: \$100

If you can only attend 3 days of camp, the fee is \$75. Additional children in a family may register for \$85.

Days attending camp (Please circle): Thursday Friday Saturday Sunday

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

CONTACT INFORMATION

First Name: _____		Last Name: _____		Age (on 12/27): _____	
Name of School: _____			Year of HS Graduation: _____		
Gender: _____	Hooded sweatshirt size: Women's-XS Women's-SM Unisex-SM Unisex-MED Unisex-LG				
Camper Email Address: _____					
Name of Guardian/Primary Contact: _____					
Guardian Email Address: _____					
Mailing Address: _____					
City: _____		State: _____		Zip Code: _____	
Home Phone: _____		Cell Phone: _____		Work Phone: _____	

SAFETY 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 illness/injury that impact your running or pre-existing conditions (i.e. asthma) that need to be monitored:

TERMS AND CONDITIONS

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 Winter Distance 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, Big River Race Management, its staff and employees as well as Kirkwood Parks and Recreation and MICDS 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) _____