



BIG RIVER CROSS COUNTRY CAMP 2021
Monday, July 26 – Friday, July 30

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: \$100

Additional siblings in a family may pay \$90 (for 5 days). Teams with 5 or more can also pay \$90 (for 5 days).

Days attending camp (Please circle): Mon Tues Wed Thurs Fri

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
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

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 - In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, demands, actions and causes of actions against Big River Running Company, LLC, Big River Race Management, LLC, Christ Prince of Peace, City of Manchester, their affiliates, subsidiaries, officials, representatives, employees, successors and assigns for any and all injuries or illness suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this run. Further, I hereby grant full permission for the free use of my name and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. Terms & Conditions: The terms and conditions of race registration is that all sales are final. Refunds and deferrals are not permitted unless pandemic related.

If camper or family member is exposed to someone who has tested positive to COVID-19 or has tested positive themselves within 14 days of camp, they will forfeit the right to camp and can receive a full refund. All campers must undergo a health screening for COVID-19 symptoms prior to attending each day of camp. During camp, participants must wear masks when requested, engage in proper personal hygiene and hand washing and willingly maintain social distance from other campers and counselors as applicable. By signing, I agree to all terms and conditions:

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

Please Print Name: _____