

CARRIE TOLLEFSON TRAINING CAMP

GET AFTER IT

MAIL THIS FORM TO:

Carrie Tollefson Training Camp
 c/o Jackson Events
 P.O. Box 16113
 St. Paul, MN 55116-6113

2010 Registration Form

CAMPER

First Name Last Name

Birth Date Age (on July 8) Grade/Year in School (i.e.: 7th Grade or Junior) Gender (check box) M F

Street Address (include apartment number and or c/o)

City State Zip Code

Email Address Phone Number

T-Shirt Size (check one) S M L XL School/Team Roomate Request (name of friend you'd like to room with)

Personal Best Times (i.e.: 6:02 1600m, 13:25 3200m, 21:10 5K, etc...)

PARENT

Parent's Name(s) Emergency Phone Number

Parent's Email Address

CAMP FEES (check all that apply)

Individual Camper
\$400

Team
(Registering w/ 5 or more from same school)
\$350

I would like to buy the camp DVD
\$10

\$ **Total Enclosed**

*Make checks payable to:
 Carrie Tollefson Training Camp*

WAIVER:

I, the undersigned, certify that my child is in good health and may participate in all camp activities. I hereby give permission to the staff of the camp to seek and provide appropriate medical attention for my child for the duration of the camp. I understand that the camp only provides for excess medical insurance, and I am responsible for all medical costs that may be incurred. I understand that the risk of physical injuries does exist in Track and Cross Country and camp activities. I waive and release the College of Saint Catherine, Carrie Tollefson Training Camp c/o Jackson Event Marketing, and the staff, employees, officers, and representatives from all liability and claims that may arise as a result of injuries sustained during camp.

Parent's Signature

Date