

2012 Rockford Wildcat Summer Camp Application



Camp is only open to Wildcats and limited to 50.

All applications must be Completed, printed out, and signed. Bring to practice - checks make out to Rockford Wildcats must be turned in no later than 7/6/2012.

Camp is 3 days & 2 nights fees cover all activities, meals,snacks, camp t-shirt & water bottle.

Name:

Overnight camper \$65

Address:

Day Camper \$60

City/State/Zip

Camp T-Shirt Size

Birthdate Age

Note: Children 8 and under must have a parent or guardian camping as well.

Parents/Guardian Name Phone:

Email:

Has your child attended a Wildcat running camp before? yes no Has your child ever camped before? yes no

Has your child ever been on an overnight without relatives before? yes no Does your child swim? yes no

Person to Notify in Case of Emergency

Name (1):
Address:
City/State/Zip
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Name (2):
Address:
City/State/Zip
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Doctor Name / Phone: Hospital

Dentist Name / Phone:

Special needs / Allergies / Food

I the undersigned, am the parent or legal guardian of the minor whose name appears below. I know that running, hiking,swimming, kayaking and other camp activities are potentially hazardous activities. I know that the minor should not participate unless medically able and properly trained. I agree to abide by any decision of the program director relative to the minor's ability to safely complete the risks associated with running and participating in this program including, but not limited to: falls, contact with other participants, poison ivy, insects, the effects of the weather, including high heat and/or humidity, and the conditions of the trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, on my behalf and the minor's behalf, waive and release the Rockford Road Runners, Rockford Wildcats,the Road Runners Club of America, its officers, directors, agents, employees, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the program director to consent to and authorize any medical care or treatment for the minor that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose.

Participant Name:

Note: A parent or legal guardian MUST sign the following: I parent, and/or guardian of the above named participant, in consideration of acceptance of this application, here join and confirm the above waiver and release.

Parent/ Guardian: _____

Date: _____