

School Name: _____ Session Attending: _____

Wide Open Cross Country Camp

PO Box 1
Catawba, NC 28609
TaylorN@udcsports.com

2011 Coach Information Form

Coaches **MUST ALSO COMPLETE** the Medical Release Form

Name: _____ Years of Coaching Experience: _____

Position (Circle those that apply): Head Coach Assistant Coach / Boys Girls Both

School: _____ Are you an employee of the school: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____ School Phone: () _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Preferred Email Address: _____

2010 Team Captain(s) or Lead Seniors: _____

*Please list additional coaches attending: _____

Are you an employee of the school: _____

Briefly explain your method of travel to camp: _____

Signature: _____ Date: _____

In consideration of the application, I, the above signed, intending to be legally bound, hereby, for myself, executors, and administrators, waive and release any and all rights and claims for damages I may have against officials of Wide Open Cross Country Camp, UDC Sports, or Ridge Haven Conference and Retreat Center for any and all injuries suffered as a result of participation at this camp. I further attest and verify that my private health insurance will cover any medical or hospital expenses I incur as a result of illness or injury. As an adult applicant, I give permission for myself to be treated by a doctor if needed.

*One coach's expenses will be covered for every ten team runners attending camp. The total number of runners attending can include any combination of male and female runners. Additional coaches not covered by ten team runners will have to pay a fee of \$100.	Number of Runners	Coaches Prices
	Attending	
	0	\$275
	1 – 9	Each coach \$100
	10 – 19	1 coach free. Each additional coach \$100.
20 - 29	2 coaches free. Each additional coach \$100.	
30 – 39	3 coaches free. Each additional coach \$100.	