

Camper Name: _____ Session Attending: _____

Wide Open Cross Country Camp

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

2011 Camper Application

- All areas of the **Camper Application** and the **Medical and Release Form** must be completed and signed by a Parent/Guardian and returned with a COPY of your medical insurance card (front and back).
- Campers will be responsible for any and all medical expenses incurred during camp.
- Campers will not be allowed to participate in camp activities without parental authorization signature and proof of insurance.
- Space is limited. Send this form with a \$100 deposit to reserve your space.
- Final payment is due on July 1st. Refund checks will be written after August 15th.
- Make checks payable to UDC Sports and mail to the above address.

Name _____ Gender: M / F Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Camper's Cell Phone: () _____

Email address for camp notifications: _____

Parent/Guardian Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

School Name: _____ Grade (Fall '11): _____

Coach's Email: _____ 5K PR: _____

Longest sustained run: _____ Expected avg. weekly summer mileage: _____

Parent/Guardian Authorization

Parent/Guardian 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, or the legal guardian of a minor applicant, I give permission for myself (or the minor child) to be treated by a doctor if needed.