

SUMMIT



CROSS COUNTRY CAMP WEEK #: _____ REGISTRATION

Name: _____

Gender: M F

Address: _____

City: _____

Zip: _____

DOB: _____

Grade: _____
(next September)

Email: _____
(registration confirmation will be sent via email)

Phone: _____

School: _____

How did you hear about the camp(circle all that apply)?

Personal Bests: (fill in all that apply)

- Attended Last Year
- Friend/Teammate/Coach recommended
- Brochure
- Paper
- CMSAA Champs
- Other (please list) _____

1500/mile: _____

3000/3200: _____

Sunken Meadow:
2.5/5K: _____

Middle School Course: _____

T-Shirt Size (circle one): AS AM AL

Emergency Contact Name and Number: _____

I give permission for my son/daughter to take a brief swim in the LI Sound during camp hours supervised by lifeguards and counselors: Y N

Parent
Signature: _____

By signing this registration form, you are giving consent to camp personnel to secure emergency medical treatment for your child until an adult can be contacted. You further attest that your child has been cleared by a physician to fully participate in all camp activities. Any limitations placed upon your child, based on a physicians recommendations, are as follows (please explain)

