

CAPON RIDGE CROSS COUNTRY CAMP REGISTRATION INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

High School _____ Grade (Fall '17) _____

Gender: Male Female T-Shirt Size: XS S M L XL

Parent Name _____

Parent Email _____

Make checks payable to PR Training Programs LLC

RETURN REGISTRATION FORM TO:

Capon Ridge Running Camp
12818 Kettering Drive
Herndon, VA 20171

All information is required in order to process this application. You must send proof of medical insurance with application (**a photocopy of the front and back of the campers medical insurance card is required**). Please do not bring valuables, electronics or large sums of money. The camp will not be responsible for lost or stolen items.

Waiver/Medical Consent:

I hereby state that my child is in good normal health, and has my permission to participate in all camp activities. In the event of injury or illness, I authorize the staff of Capon Ridge Running Camp to act for me in securing medical treatment. Registration in Capon Ridge Running Camp requires that a parent/guardian sign below to agree that in case of accident or injury while attending camp, they release the camp, the coaches, counselors, Potomac River Running, Inc. and any associated parties from any and all liability. Further, I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. Each participant is required to carry personal medical coverage.

Signature of Parent

Date