



Application

The Tri-State Running Company Camp is open to all beginning and experienced runners entering grades 7-12 in August 2017. The cost is \$100 and includes coaching expertise, water/Gatorade, and a technical camp T-shirt. Balance is due by **July 3rd, 2017** along with the medical release form. **Final deadline is July 3rd, 2017.**

Send completed application along with admission fee to one of our locations:

Tri-State Running Company

148 Barnwood Drive, Edgewood, KY 41017

7433 Wooster Pike, Cincinnati, OH 45227

Or come to store to process payment.

Make check payable to: Tri-State Running Company

Runner's Name: _____ High School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of parent/guardian: _____

Home telephone: _____ Parent's work phone: _____

Runner's email address: _____

Parent's email address: _____

Date of birth: _____ School grade (Fall 2015) _____ Circle: Male or Female

Best times: 800 _____ 1600 _____ 3200 _____ XC 5k _____

Course best XC time was run on: _____

T-shirt size: S M L

Parent signature: _____

Health History and Release Form

This form must be completed in full, including signature of a physician, and mailed in (or dropped off at the store) along with the **final payment by July 3rd, 2017**. Runners will not be allowed to participate without both the parental release and Health History completed in full.

Camper's Name: _____ **Date of camp:** _____

Sex: _____ **Age:** _____

If the Runner will be taking medication at camp, please indicate name of drug and usage:

Please identify any medical information we should have regarding past medical history or suggested physical limitations relating directly to the camper's ability to participate in the camp's training and activities:

I certify the above-mentioned individual is able to participate fully in the activities at *Tri-State Running Company Camp (TSRC Camp)*, based on physical examination within 12 months prior to said camp date:

Signature of physician: _____

Date: _____

Health Insurance Information

Insurance carrier: _____

Policy # _____

Policy Holder Name: _____

Group # _____

Emergency Information: (if parent/guardian can't be reached)

Emergency Contact name: TSRC Camp _____

Emergency Contact Phone # _____

I certify the above-named camper is in good health, adequately trained, and fully able to participate in all activities of *Tri-State Running Company Camp* (hereby known as *TSRC Camp*). I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in the *TSRC Camp* program. I give permission for the named camper to receive emergency/medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me prior to such action. I will be financially responsible for any and all costs of medical attention for the named camper. In consideration of this application I, the below signed, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against officials of *TSRC Camp* for any and all injuries suffered as a result of participation at this camp.

Parent/Guardian Signature _____

Date _____