

# INSPIRATION



## 2019 REGISTRATION FORM – AUG 24 - AUG 29

_____	FR SO JR SR	_____	MALE FEMALE
ATHLETE NAME	(CIRCLE- FALL '19)	SCHOOL	(CIRCLE)
_____	_____	_____	_____
DATE OF BIRTH	AGE	E-MAIL ADDRESS	T-SHIRT SIZE

_____	_____	_____	_____	_____
PARENTS NAME'S	HOME ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____	_____
HOME PHONE NUMBER	( ) CELL PHONE	( ) CELL PHONE		

### EMERGENCY CONTACT INFO

1) _____	2) _____
EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
PHONE NUMBER	PHONE NUMBER

### ATHLETE INFO

_____	_____	YES NO
XC OR TRACK & FIELD SESSION?	IF T&F, WHAT EVENTS INTEREST YOU?	PREVIOUS CAMPER?

MEDICAL INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

#### XC PR'S (TIME, COURSE, DIST)

#### INDOOR/OUTDOOR PR'S (EVENT/PERFORMANCES)

I hereby enroll my child into the 2019 training camp (8/24/19–8/29/19) subject to the conditions listed below. Enclosed with this registration form in a non-refundable deposit of \$100.00. Final payments are due August 1st. The camp director is appointed to serve in "loco parentis". Smoking/ possession of or use of tobacco/narcotics/liquor or any non-prescription drug on or off camp grounds is strictly forbidden. Athletes may not leave the camp grounds without the permission from the camp director. Camp director will exercise the right to dismiss and send home any athlete that violates the curfew. It is our aim that all athletes go home trained, enlightened and well rested for the upcoming season. Violators of the rules will be dismissed from camp without tuition reimbursement. I hereby grant permission for my child to join and participate in all activities of Inspiration Running Camp. I verify that my child has had a physical exam in the past year and is able to participate in all activities related to this camp. I agree to indemnify, hold harmless and defend Chris Mancusi, Inspiration Running Camp and/or their agents or employees from any and all liability for injury to my child, as well as any injury or damage caused by my child. Should medical treatment for my child be necessary, I hereby authorize any physician or trainer selected by camp personnel to order and conduct medical procedures. I hereby grant permission for Inspiration Running Camp to use any photography or videotape of related activities for advertising or educational video materials. In the event of a medical emergency, I understand my own insurance will serve as primary coverage.

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Please make all payments in the form of CASH or checks payable to "Inspiration Athletics"

(Payment can be made on-line but registration form MUST be mailed with receipt) [www.inspirationathletics.com](http://www.inspirationathletics.com)

\* ALL ATHLETES MUST HAVE: A CAMP MEDICAL AND FINAL CAMP BALANCE BY 8/1/19 \*

Mail Registration form and non-refundable \$100.00 deposit to:

Inspiration Running Camp, c/o Chris Mancusi 132 Demopolis Ave, Staten Island, NY 10308

_____	_____	_____
PARENT/GUARADIAN SIGNATURE	ATHLETE SIGNATURE	DATE