

2012 CAMP APPLICATION
BREVARD DISTANCE RUNNERS CAMP, INC.
P.O. BOX 1940, BREVARD, NC 28712

1. All areas of this form must be **COMPLETED** and **SIGNED** by Parent/Guardian and returned to The Brevard Distance Runners Camp with a **COPY** of your medical insurance card (front and back). **Your application is not complete without your insurance card and parental authorization.** Campers are 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 medical insurance.
2. Send this form with a \$100 Deposit to reserve your space by May 15. We will continue to accept applications after May 15th until camp is full. The \$100 Deposit to reserve your space is **NON-REFUNDABLE** for any reason. If you pay in full and cannot attend camp for medical reasons, you are entitled to a refund minus the deposit. Refund checks will only be written after August 1.
3. Final payment is due on or before June 15 if paying with personal check. Cash, money orders and certified checks are accepted at registration.
4. Make Checks payable to Brevard Distance Runners Camp, Inc. and mail to above address.

NO PERSONAL CHECKS WILL BE ACCEPTED AFTER JUNE 15. We accept Certified Checks, money orders or cash only after June 15.

Please print legibly using ink. Confirmations will be sent once your deposit is received.

Last Name _____ First Name _____ Age _____ Sex _____

Mailing Address _____ City _____ State _____ Zip _____

Home (____) _____ Date of birth (M/D/Y) _____ SS# _____ (Camper Cell Phone)(____) _____

Grade (Fall '12) _____ School _____ Coach _____

E-mail Address _____ Shoe Size (wk 1) _____

CIRCLE THE WEEK OR WEEKS YOU WILL BE ATTENDING:

- WEEK 1** July 1-7
- WEEK 2** July 8-14
- WEEK 3** July 15-21

PARENTAL CONSENT

Parent/Guardian Name _____ Phone (____) _____ Relationship _____

List any allergies** or chronic medical conditions: _____

List Current Medications: _____

If allergic to bee stings, you **MUST bring your own epipen.

In Case of Emergency:

Father's Name _____ Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Mother's Name _____ Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact _____ Phone (____) _____ Relationship _____

I understand that campers may not participate in camp activities without parental authorization signature and proof of medical insurance. If uninsured, my child will be treated at the Transylvania Community Hospital Emergency Room ONLY. I hereby give permission to the physician or nurse selected by the Brevard Distance Runners Camp staff to order x-rays, routine tests and treatment for the health and safety of my child regardless of his/her insurance status. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child. I will be responsible for any and all costs of medical attention and treatment. I waive, release and forever discharge Brevard Distance Runners Camp, Inc, its staff, directors, officers, employees and the host college from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in Camp activities. I authorize the use of my child's photograph for promotional purposes.

PARENT/GUARDIAN AUTHORIZATION

Parent/Guardian Signature _____ Date _____