

**Please complete and mail to:
The Ultimook Running Camp
9455 Kilchis River Rd
Tillamook, Or 97141**

2 Sessions: July 29 to Aug. 4 & Aug. 5 to Aug. 11

July 29 to Aug. 4 or Aug. 5 to Aug. 11 - please select 1st or 2nd session.

Individual Camper: **\$449/camper**

Group Rate (2-4 campers from same school): **\$419/camper**

Team Rate (5 or more from same school): **\$389/camper**. Coaches can attend for free with 5 or more runners.

Deposit enclosed (\$100 deposit required with registration). Deposit is refundable up until one month prior to camp.

To pay with Credit Card:

Number _____ Exp. _____

I authorize The Ultimook Running Camp to charge my card for the remaining balance 1 week prior to camp.

Signature: _____

Credit Card Billing Address: _____

Athlete Registration

Name _____ male female

Date of Birth _____ Age _____ Year/Grade Fall 2017 _____

Address _____

City, State, Zip _____

Phone _____ Cell Phone _____

Email _____

Coaches Name _____ School _____

Shirt Size _____ (performance t-shirts run one size larger than normal t-shirts). Mens XS-XL, Ladies XS-XL, Youth S-XL.

Parent's Names _____

Phone # _____ Alt # _____ Email _____

Emergency Contact Name _____

Relationship _____ Phone # _____

Address _____

Medical Insurance Co. _____ Policy # _____

Running PR's: (optional)

800m _____ 1500m _____ 3000m (xc) _____ 3000 (track) _____

5K _____ 10K _____ Other _____

Estimated Weekly Summer Mileage _____

Fall XC Season Goals:

Dietary Restrictions:

- Vegetarian
- Gluten Free

Parental/Guardian Consent/Acknowledgement of Risk

Registrants Full Name (please print) _____

I hereby grant permission for my son/daughter to attend The Ultimook Running Camp. I understand the inherent risks involved in participating in the rigorous physical activity required of an outdoor running camp and I assume full liability of hazard and risk for my child during this year's Ultimook Running Camp. I hereby authorize staff and agents of The Ultimook Running Camp to act for me according to their best judgment in any emergency and give permission for hospital or medical center staff to administer any necessary treatment immediately to my child should he/she be sick or injured while attending The Ultimook Running Camp. I do not hold anyone involved in The Ultimook Running camp, or its respective staff responsible for any injury as a result of my child's participation in the Ultimook Running Camp.

Parent Signature _____ Date _____