

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

**2 Sessions: July 28 to Aug. 3 & Aug. 4 to Aug. 10**

July 28 to Aug. 3 or  Aug. 4 to Aug. 10 - please select 1<sup>st</sup> or 2<sup>nd</sup> 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 2019 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Coaches Name \_\_\_\_\_ School \_\_\_\_\_

Shirt Size \_\_\_\_\_ 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:**

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**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 \_\_\_\_\_