

Ancient City Road Runners

ACRR Running Camp Registration

Camper Name: _____ DOB: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Circle or fill in the blank:

1. Are you requesting a scholarship? Yes No
2. Are you trying out for cross country? Yes No
3. On average, how many miles do you run each week? 0-5 5-10 10-15 20+
4. What's your best 5K time? _____
5. Where will you be attending school this Fall? _____ Grade level? _____
6. How did you hear about running camp? _____

Written Release:

In consideration of accepting my registration, I hereby release and discharge Ancient City Road Runners, all camp sponsors, volunteers, or employees from any and all liability for their own negligence, for damages, or injuries that may occur during my participation, whether due to the acts of third persons or otherwise. I attest that I am physically fit to participate in the running camp.

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail this signed form to Ancient City Road Runners:

P.O. Box 4111
St. Augustine, FL 32085

Please include a check made out to "Ancient City Road Runners" in the amount of \$75, unless you are requesting scholarship. We will email you shortly after receiving your registration form and payment or request for scholarship. Camp schedule to follow!

Contact the ACRR Camp Director at CampDirector@ancientcityroadrunners.org for more info.