

Green Mountain Running Camp 2009 Camp Application

Please print and fill out the application and return with
a non-refundable deposit of \$250* PER SESSION to:

John Holland
Green Mountain Running Camp
1720 Baptist Church Rd
Yorktown Heights, NY 10598

Make checks payable to: Green Mountain Running Camp.
Balance due no later than **May 15, 2009***
Full payment of \$675 required after **May 15, 2009***

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone (_____) _____ Work Telephone (_____) _____

e-mail address _____

Name of parent or guardian _____

Amount enclosed \$ _____ *

Age _____ Sex: _____ Male _____ Female

Student Program: (Check one)

Dates Attending: ____ Aug 2 - Aug 8 ____ Aug 9 - 15 ____ Aug 16 - 22

School _____

Roommate Request (and school if different) _____

Insurance Company & Policy # _____

Adult Signature (Application without parent signature and insurance information will be rejected)

Date

Charter Bus: ____ Yes, please reserve space on round trip bus checked below.

Fees: \$130.00 ____ Week I: ____ CB East, PA (dep 6:45am) ____ Westfield, NJ (dep 8:00am)
____ Yorktown, NY (dep 8:30am) ____ North Shore, NY (dep 7:30 am)
\$100.00 ____ Week I: Simsbury HS, Simsbury, CT (depart 11:00am)
\$130.00 ____ Week II: Yorktown, NY (depart 8:30am)
\$130.00 ____ Week III: ____ Hunterdon, NJ (depart 6:45am) ____ Yorktown, NY (depart 8:30am)

Payment must be included with deposit to reserve a seat.

Space fills fast with priority given to round trip reservations. Act quickly!

Signature of adult responsible for payments and acknowledging acceptance of the conditions of the below waiver.

Application without parent signature and insurance information will be rejected.

In consideration of the application I, the above signed, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against officials of Green Mountain Running Camps, NIKE, or Lyndon State College for any and all injuries suffered as a result of participation at this camp. I further attest and verify that I am physically fit and have sufficiently trained to participate in all events, and that my private health insurance will cover any medical or hospital expenses I incur as a result of illness or injury. As an adult applicant, or the legal guardian of a minor applicant, I give permission for myself (or the minor child) to be treated by a doctor if needed.