

Green Mountain Running Camp

1720 Baptist Church Road
Yorktown Heights, NY 10598
John@greenmountainrunningcamp.net
www.greenmountainrunningcamp.net

2012 Coaching Workshop Registration

Please print and fill out all required fields of the registration and return with **full payment for session + full Bus payment**. Make checks payable to: **Green Mountain Running Camp**.

Significant discounts offered for coaches who bring runners!

Please note: **BLUE * information fields are required** for application to be accepted and processed.

Name * _____

Address * _____

City * _____ State * _____ Zip Code * _____

Home Phone *(_____) _____ Cell *(_____) _____ Spouse/Family Member *(_____) _____

Emergency contact + relationship * _____

e-mail address for camp notifications * _____

Total Amount Enclosed * \$ _____ ** Camp \$ _____ + Bus \$ _____

Age * _____ Sex *: Male _____ Female _____

Coach's Clinics are available Week 1 only: July 29 - August 4. Please check the session you plan to attend.

Primary Course: Sunday thru Wednesday noon. \$325.00 _____

Primary + Extended Course: Sunday afternoon thru Friday. \$450.00 _____

School * _____

Current Position at School * (Head coach, Assistant, etc.) _____

Total Number of Years of Coaching* _____

How familiar are you with effort based training and/or Daniel's/Benson system? * _____

Are there any specific topics you want addressed? * _____

Insurance Company & Policy Number:* _____

Signature* _____

Date * _____

Application without Signature and Insurance Company & Policy # will be rejected.

Charter Bus – Roundtrip Bus Fare (same price for one-way fare):

Week 1 Fees : \$130.00 _____ CB East, PA _____ Westfield, NJ _____ White Plains HS, NY _____ Hillsborough, NJ
\$115.00 _____ Simsbury, CT

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.