



19 Oxford Place
 Rockville Centre, NY 11570
 516-376-0286
www.FoundationXCCamp.com
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 'Foundation Running Camps'


Foundation Running Camps – Registration – 2012

Foundation Long Island

July 9 thru July 13
 Bethpage State Park
 8:00am – 12:00pm



Foundation Sleep Away

August 12 thru August 17
 Camp Pontiac
 Copake, NY

Last Name _____ First _____ Date of Birth _____
 Grade Entering _____ Gender _____ Home Phone _____ Email _____
 Street Address _____ Town _____ State _____ Zip _____
 School _____ Coach(s) _____ T-shirt Size _____
 Best 5k time _____ Best 1600m or 1500m time (circle one) _____
 Parents Names _____ Phone # _____ Email _____

<p>Please check one option: <input type="checkbox"/> Bethpage, NY Day Camp ONLY (July 9 – July 13) <input type="checkbox"/> Sleepaway Camp ONLY (August 12 – August 17) <input type="checkbox"/> Bethpage Day Camp AND Sleepaway Camp Combo</p> <p>Please check the program you are registering for: (for Sleepaway ONLY): <input type="checkbox"/> Cross Country Program <input type="checkbox"/> Middle School Program <input type="checkbox"/> Race-Walking Program <input type="checkbox"/> Speed & Fitness Camp <input type="checkbox"/> Horizontal Jumps (Long/Triple) <input type="checkbox"/> Pole Vault Program <input type="checkbox"/> Throws Program (Shot Put, Discus, Javelin, etc.)</p> <p>Please check Bus options (for Sleepaway ONLY): <input type="checkbox"/> Bus TO Camp Pontiac from Long Island (August 12 ONLY) <input type="checkbox"/> Bus FROM Camp Pontiac to Long Island (August 17 ONLY) <input type="checkbox"/> Round-trip (To AND From Camp Pontiac/LI areas)</p> <p><i>Bus transportation from the Buffalo Area may be available. Please call or email Mike for more information, (516) 662-5524 - Mike@FoundationXCCamp.com</i></p> <p>*Note: Bus reservations fill up quickly! Sign up early! There are NO refunds for bus reservations.</p> <p>Make check payable to: Foundation Cross Country and mail with Registration to: 19 Oxford Place Rockville Centre, NY 11570</p>	<p>Tuition: Take advantage of Early Bird Rates! (before April 1st)</p> <p>Day Camp ONLY (Bethpage) = \$250.00 (\$225.00 Early Bird)</p> <p>Sleepaway Camp ONLY = \$545.00 (\$495.00 Early Bird)</p> <p>Combo of Day Camp and the Sleepaway Camp = \$645.00 (\$595.00 Early Bird)</p> <p><i>Additional Programs at Foundation Sleepaway</i> Leadership Academy = Add \$25.00</p> <p>Sports Medicine Internship = Add \$25.00</p> <p>POLAR Heart Rate Monitor Training = Add \$60.00 (includes Heart Rate Monitor to keep!)</p> <p>Coach Bus To and/or From Camp (Long Island ONLY) = Any One Way Trip, Add \$75.00 Round Trip, Add \$100.00</p> <p>Preorder your Camp DVD = \$10 (will be \$15 at camp, save money and order now!)</p> <p>Camp Fee = \$ _____ Additional Program Fees = \$ + _____ Bus Fee = \$ + _____ Camp DVD Fee = \$ + _____ Total Enclosed = \$ _____</p>
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Refund Policy: If for any reason, a camper cannot attend camp, we will issue a full registration refund minus \$100 if requested before July 31, 2012. Any cancellations after July 31st, 2012 will be issued a refund minus \$200. Be advised; THERE ARE NOT REFUNDS ON BUS RESERVATIONS.



Foundation Running Camps – Camper Health Form

To be filled out by a parent. Please return with Registration Form.
*You will **not** be admitted to camp without this completed and signed form.*

Camper Information

Last _____ First _____ Date of Birth _____ Age at Camp _____

Street Address _____ Town _____ State _____ Zip _____

Name of School Camper currently attends _____

Person to be contacted in the event of emergency:

Name _____ Home Phone _____ Cell Phone _____

Relationship to camper _____ email Address _____

Person to be contacted if above cannot be reached:

Name _____ Home Phone _____ Work Phone _____

Relationship to camper _____ email Address _____

Physician/Pediatrician _____ Phone _____

Camper's Medical Background

Will the camper be taking medication at camp? _____ If so, please indicate name of drug and usage:

Please identify any medical condition(s) or medical history that would require special attention:

Please list any Allergies or Drug reactions camper may have (for example Nuts, Bee stings, Penicillin, etc)

Insurance Information

PLEASE INCLUDE A COPY OF HEALTH INSURANCE CARD

Insurance Carrier _____ Policy Number _____

Policy Holder Name _____ Policy Holder Date of Birth _____

Permission Statements

MUST BE SIGNED BEFORE YOU CHILD CAN BE ADMITTED TO CAMP

- I hereby certify that the above named camper has been physically cleared by a physician, is in good health, adequately trained, and fully able to participate in all activities of Foundation Running Camps. I know of no restrictions, physical impairments, or any other facts, which in any manner may limit his/her participation in the Foundation Running Camp program.
- In addition, I hereby give Foundation Running Camps permission to provide routine health care, administer prescribed medications, and/or take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such a hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for services rendered by anyone other than the camp's medical staff as well as medications needed to be ordered for my child are my responsibility. I authorize the release of any medical information or records related to treatment, referral, billing or insurance purposes related to my child.
- In addition, I hereby waive and release any and all rights and claims for damages I may have against officials of Foundation Running Camps or Camp Pontiac for any and all injuries suffered as a result of participation at this camp.
- Finally, I understand that Foundation Running Camps retains the right to use for publicity and advertising purposes, photographs and video of campers taken at camp.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date