



REGISTRATION FORM

Please complete and mail to:
Derek Riedel
Incarnate Word Cross Country Camp
4301 Broadway, CPO #97
San Antonio, TX 78209



CAMPER'S NAME _____
PHONE _____
E-MAIL _____
ADDRESS _____ **CITY** _____
_____ **STATE** _____ **ZIP** _____
HS GRADUATION YEAR _____ **SCHOOL** _____
\$ _____ **Amount Enclosed (Make checks payable to Incarnate Word Cross Country).**
Circle T-Shirt Size: S M L XL

Camp Dates: June 26th – July 1st, 2010

Check one:
Overnight Camper: _____ **\$335.00**
Cross Country: _____

ONLY REGISTERED PARTICIPANTS WILL BE ALLOWED IN THE CAMP

***To register after June 10th, 2010, please call to confirm openings (210) 805-3566.**
\$50 of the registration fee is nonrefundable after July 8, 2009.

Please attach any important health information. The camps will maintain the highest safety standards. However, University of the Incarnate Word Distance Camps does not assume liability for accidents, illness or disease. Campers need to be healthy and able to run without pain. **ALL PARENTS/GUARDIANS OF PARTICIPANTS MUST READ AND COMPLETE THE FOLLOWING LIABILITY WAIVER.**

I, the parent of _____, hereby grant permission for him/her to participate in the 2010 Incarnate Word XC Camp and acknowledge the fact that his/her participation is a voluntary act and he/she is physically able to participate in camp activities. I understand that camp rules must be followed and that my child may be dismissed from camp without refund if camp rules are violated. I release the camp sponsor, associates, staff and Incarnate Word University from all claims from injury, illness, damages, or losses which may be sustained while attending camp activities. In making the foregoing statement, I recognize that the camp involves physical activity, including, but not limited to, running (including on a treadmill), swimming, stationary bike, elliptical trainer, weight lifting, and other challenging physical activities, and I acknowledge that my child is fully able to participate in the camp activities. I hereby grant permission for the camp staff to secure medical services for the above named person, if necessary.

In consideration of UIW providing the opportunity for my child to participate in this ca p, I release UIW, it's Board of Trustees, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, doing or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue UIW, it's Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) or damage to property that may result from my child's negligent or intentional act or omission while participating in the camp.

I hereby authorize the staff of the Cardinals Track Camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for UIW to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and UIW is not able to reach me or the emergency contact, I authorize UIW to sign all necessary paper sand arrange for emergency treatment and hospital care.

Parent/Guardian Signature: _____ Date: _____

In case of emergency call (please print):

Name: _____ phone #: _____

Name: _____ phone #: _____

Medical conditions, Medications and/or allergies: _____

Family physician: _____ physician phone # _____

For Further information:
www.cardinalathletics.com
www.iaapweb.com/brainpower