



# REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Adult t-shirt size S - M - L - XL

Grade entering in fall 2010 9 - 10 - 11 - 12

Best Performances in Track and Cross Country:

800/1600/3200 \_\_\_\_\_ 5k \_\_\_\_\_

High School \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Make Check to: **Athletes in Action**

Send Registration and Deposit to: **Athletes in Action**

C/O: Tim Ellis-TUFF Camp

1609 Carrol Ct

Lebanon, OH 45036-8581

**(937) 352-1260 office**

**(513) 850-3193 cell**

**tim.ellis@athletesinaction.org**

WAIVER: I hereby state that I am physically able to participate in the sport of distance running.

I waive any rights I may have against Athletes in Action, Hope College, all camp staff, volunteers and sponsors for any injuries incurred while participating in this camp.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_