

# CARRIE TOLLEFSON TRAINING CAMP

# GET AFTER IT

MAIL THIS FORM TO:

**Carrie Tollefson Training Camp**

c/o Jackson Events

P.O. Box 16113

St. Paul, MN 55116-6113

## 2010 Registration Form

CAMPER

First Name

Last Name

Birth Date

Age (on July 8)

Grade/Year in School (i.e.: 7th Grade or Junior)

Gender (check box)

 M F

Street Address (include apartment number and or c/o)

City

State

Zip Code

Email Address

Phone Number

T-Shirt Size (check one)

School/Team

Roomate Request (name of friend you'd like to room with)

 S  M  L  XL

Personal Best Times (i.e.: 6:02 1600m, 13:25 3200m, 21:10 5K, etc... )

PARENT

Parent's Name(s)

Emergency Phone Number

Parent's Email Address

### WAIVER:

*I, the undersigned, certify that my child is in good health and may participate in all camp activities. I hereby give permission to the staff of the camp to seek and provide appropriate medical attention for my child for the duration of the camp. I understand that the camp only provides for excess medical insurance, and I am responsible for all medical costs that may be incurred. I understand that the risk of physical injuries does exist in Track and Cross Country and camp activities. I waive and release the College of Saint Catherine, Carrie Tollefson Training Camp c/o Jackson Event Marketing, and the staff, employees, officers, and representatives from all liability and claims that may arise as a result of injuries sustained during camp.*

Parent's Signature

Date

### CAMP FEES (check all that apply)

**Individual Camper**

\$400

**Team**

(Registering w/ 5 or more from same school)

\$350

**I would like to buy the camp DVD**

\$10

\$

Total Enclosed

Make checks payable to:  
Carrie Tollefson Training Camp