

Registration

Complete the camper application and the health and liability section on this brochure. **BE SURE TO COMPLETE ALL SECTIONS ON THE HEALTH FORM!**

When we receive your application and payment you will receive a confirmation letter with additional camp information.

Camper Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

School: _____ Grade: _____

Age: _____ Position: _____

Roommate Request: _____

Camp Sessions (Grades 6th-12th):

Please Check One:

Boy's Overnight Camper – \$325

Boy's Day Camper – \$225

Girl's Overnight Camper – \$325

Girl's Day Camper – \$225

*Day Camper will attend camp from 9am-8pm
This camp includes lunch and dinner

Method of Payment:

Cash Check #: _____

(Make check payable to Finger Lakes Community College Association)

Mail Application and Registration to:

Finger Lakes Community College

Attn: Athletics

3325 Marvin Sands Drive

Canandaigua, NY 14424

Finger Lakes Community College

Athletic Department

3325 Marvin Sands Drive

Canandaigua, NY 14424



Presents

2013 Summer Cross Country Camp



Cross Country Camp – July 28th – Aug 1st

Grades 6th -12th



Camp Information

If your goal is to take your running to the next level, it all starts here:

1. What do you do as a runner when no one is watching?
2. Are you willing to do the little things to make yourself the best runner you can be?
3. Can you develop the "GRIT" to be a great runner?
4. Can you train consistently/live like a clock?

Camp Director – Richard Walsh

Walsh has twelve years' experience as a Camp Director both overnight and day camps. His credentials include a DI basketball career at Canisius College, Assistant basketball coach at Canisius, five years as Head Men's Basketball Coach at Hilbert College as well as Athletic Director for 13 years.

Sport Director – Matt Ward

Ward has been the coach at Canandaigua Academy for the past 12 years. Over that time he has earned Coach of the Year honors five times and has twice been named All-Greater Rochester Coach of the Year. He has directed the program to 6 Wayne-Finger Lakes League championship titles as well as to a pair of Section V team championship crowns.

Sport Director – Mike DeMay

De May has been a successful cross country head coach at Rush-Henrietta for over two and a half decades. De May has earned Cross Country Coach of the Year honors 7 times and is a six-time All-Greater Rochester Coach of the Year.

If you have any questions please call 585-785-1292

Health and Liability

Camper's Name: _____

Parent's Name: _____

Street Address: _____

City/State/Zip: _____

Camper's Home Phone: _____

Parent/Guardian Cell Phone: _____

Please list any physical conditions that FLCC should be aware of in case of an emergency (illnesses, disabilities, allergies (including symptoms):

In case of an injury, I understand that I will be contacted during the child's examination in the emergency department. If I am not available, please contact:

Name: _____

Phone: _____

Family Physician: _____

Phone: _____

List month and year in which this individual has received the following immunizations:

Influenza B ____ Hepatitis B ____ Mumps ____

Tetanus ____ Varicella ____ Measles ____

Rubella ____ Poliomyelitis ____

Whooping Cough ____ Diphtheria ____

NOTE: The immunization information MUST be completed in order for your child to participate.

Insurance Co: _____

Subscriber Name: _____

Subscriber ID#: _____

Plan #:

Group #:

*In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the FLCC staff, or a physician, to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary for my child. I understand that the consent and authorization granted herein does not include major surgical procedures and is valid only during the FLCC camp which my child requested.

*I understand that FLCC does not provide medical insurance for campers and that in the event of injury requiring treatment, hospitalization and/or surgery, our family medical insurance must be used, and I further represent that such insurance will be in effect during my child's camp stay.

*I agree to assume full responsibility for any damages to property as a result of my child's actions while at camp. I further agree to reimburse FLCC for said damages.

* I hereby waive and release FLCC from any and all liability for any injuries incurred by my child while at camp.

Parent or Guardian Signature:

Date: