CAPON RIDGE CROSS COUNTRY CAMP 2022 REGISTRATION INFORMATION

Name			
Address			
City	State_		Zip
Phone	Email Address		
High School			Grade (Fall '22)
Gender: Male Female	T-Shirt Size: XS S M	L XL	
Parent Name			
Parent Email			
Make che All information is required medical insurance with a medical insurance card is sums of money. The camp	ecks payable to P RETURN REGISTRAT Capon Ridge Rui 12818 Ketteri Herndon, V in order to process th pplication (a photoco s required). Please do o will not be responsib	R Trainir ION FOI nning Ca ng Drive A 20171 is applica py of the not bring le for lost	ation. You must send proof of front and back of the campers valuables, electronics or large or stolen items.
For additional inform	ation: mike@potomac	riverrunn	ing.com or call 703.209.3585
injury or illness, I authorize the staff of Capon Ridge Running Camp require attending camp, they release the co from any and all liability. Further, I gra	Capon Ridge Running Camp es that a parent/guardian sign amp, the coaches, counselors, ant permission to all the forego	to act for me below to agre Potomac Riv ing to use any	participate in all camp activities. In the event of in securing medical treatment. Registration in eet that in case of accident or injury while the Running, Inc. and any associated parties by photographs, motion pictures, recordings, or ed to carry personal medical coverage.
Signature of Parent			Date