Please mail, in envelope, to:

STEENS MOUNTAIN HIGH ALTITUDE RUNNING CAMP
P.O. Box 5453
Eugene, OR 97405

(Please complete all that applies, PLEASE PRINT CLEARLY)

Camper's name _____ ☐ M ☐ F

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail address _____

Date of Birth _____ Age _____ Height _____ Weight _____

Grade level as of Sept. 2012 _____ School _____

Request for vegetarian diet? ☐ Yes ☐ No Nike T-Shirt size ☐ XS ☐ S ☐ M ☐ L

Coach's name _____

Parent/Guardian name _____

Address _____

City _____ State _____ +Zip _____

Phone (home) _____ Phone (business/cell) _____

Medical Insurance Co. _____

Group/Policy _____

Returning Camper?
☐ Yes ☐ No
How many years?
(Circle one)
2nd 3rd 4th 5th

2012 Fee Schedule

☐ Session **1 – July 15–21**

☐ Session **2 – July 22–28**

Team Rate
Camper Fee $499
(7 or more from same school)
☐ **TOTAL FEE $499**

Individual Rate
Camper Fee $549
☐ **TOTAL FEE $549**

PLEASE ENCLOSE!

☐ **Copy of Current Physical** (Your School Sports Physical is acceptable)

☐ **Pre-Participation Steens Camp Medical History Form.** Can be found and downloaded at our website steensmountainrunningcamp.net

☐ **$100 Deposit - Must accompany application.** Balance due by registration day. Deposit not refundable after **JULY 1, 2012.** ***Please make checks payable to:*** ***Steens Mt. Camp.*** **Sorry no bank cards - No online payment or registration.**

In emergency, please list the name, address, and phone number of the person we should contact:

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Parental/Guardian Consent/Acknowledgement of Risk

I hereby grant permission for my son/daughter to attend Steens Mt. Running Camp. I understand the inherent risks my son/daughter will be exposed to by living at 7300 ft., training at altitudes up to 9700 ft., and on wilderness terrain in varying weather conditions. I verify my son/daughter has passed a physical examination within the past two years and is physically capable to participate in the camps activities. I hereby authorize the Staff and agents of Steens Mt. Running Camp to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive, release and indemnify the camp from any and all liability for any injury or illness incurred while at camp.

I have read and give my Consent/Acknowledgement of Risk

(Must be Signed by Parent or Guardian) X _____ **Date** _____

(Deposit Paid) **(Balance Paid)**

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