

**2008 CAMP APPLICATION**  
 Brevard Distance Runners Camp, Inc.  
 PO Box 1940 – Brevard, NC 28712

1. All areas of this form must be COMPLETED and SIGNED by Parent/Guardian and returned to Brevard Distance Runners Camp with COPY of your medical insurance card (front and back). Your application is not complete without your insurance card and parental authorization. Campers are responsible for any and all medical expenses incurred during camp. Campers will not be allowed to participate in camp activities without parental authorization signature and proof of medical insurance.
2. Send this printed form with \$100 deposit to reserve your space. The \$100 deposit to reserve your space is NON-REFUNDABLE for any reason. Substitutions are allowed. If you pay in full and cannot attend camp for medical reasons, you are entitled to a refund minus the deposit. Refund checks will only be written after August 1.
3. Final payment is due on or before June 15 if paying with personal check. Cash, money orders and certified checks are accepted at registration.
4. Make checks payable to Brevard Distance Runners Camp, Inc. and mail to above address. **NO PERSONAL CHECKS WILL BE ACCEPTED AFTER JUNE 15. We accept certified checks, money orders or cash only after June 15.**

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Last Name		First Name			
Address					
City		State		Zip	
Email		Home Phone		Cell Phone	
Age	Date of Birth	Sex	M	F	Grade Fall '08
School		Coach			
Roommate Request					
Weeks You Will Be Attending		Week 1 July6-12	Week 2 July 13-19	Week 3 July 20-26	

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Parent/Guardian		Relationship		Parent Phone	
List any allergies, current medications and/or current chronic medical conditions If you are allergic to bee stings you must bring your own EPI-PEN					

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Father Emergency Contact Information		Name:			
Father Home #		Father Work #		Father Cell #	

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Mother Emergency Contact Information		Name:			
Mother Home #		Mother Work #		Mother Cell #	

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Other Emergency Contact		Relationship		Contact Phone #	
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I understand that campers may not participate in camp activities without parental authorization signature and proof of medical insurance. If uninsured, my child will be treated at the Transylvania Community Hospital Emergency Room ONLY. I hereby give permission to the physician or nurse selected by the Brevard Distance Runners Camp staff to order x-rays, routine tests and treatment for the health and safety of my child regardless of his/her insurance status. In the event I cannot be reached in an emergency, I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child. I will be responsible for any and all costs of medical attention and treatment. I waive, release and forever discharge Brevard Distance Runners Camp, Inc., its staff, directors, officers, employees and the host college from all rights and claims for damages, injury or loss of person or property which may be sustained or occur during participation in camp activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Brevard Distance Runners Camp, Inc. reserves the right to refuse admission to any student at anytime should the Director determine such action is in the best interest of the camp or student.