2019 ACRR Running Camp Registration

Register online instead? https://runsignup.com/Race/Events/FL/SaintAugustine/ACRRRunningCamp

- Camper name: _____ _____
- Parent/guardian: _____
- Address: _____
- Phone: _____
- Email: _____
- DOB: _____

	Circle or fill-in the blank.			
1. Are you requesting a scholarship?	Yes		No	
2. Are you trying out for cross country?	Yes		No	
3. How many miles do you run each week?	0-5	5-10	10-15	20+
4. Grade and school, in the Fall, 2019?	_____			
5. How did you hear about running camp?	_____			
6. What's your best 5k time?	_____			

Written Release

In consideration of accepting my registration, I hereby release and discharge Ancient City Road Runners, all camp sponsors, volunteers, or employees from any and all liability for their own negligence, for damages, or injuries that may occur during my participation, whether due to the acts of third persons or otherwise. I attest that I am physically fit to participate in the running camp July 8 – July 12, 2019.

_____ _____

Signature of registrant or parent/guardian if a minor **Date**

- **Mail the form and a check payable to "Ancient City Road Runners" for $75.00 or make a scholarship request:** **ACRR**
  P.O. Box 4111
  St. Augustine, FL 32085

- We will email you shortly after receiving your registration form, payment or request for scholarship in the mail or online.
- On Friday, July 5, 2019, we will send you a welcome email and a detailed schedule to prepare for running camp.