



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 _____

Email address _____ Parent Email _____

Date of Birth _____ Age _____ Height _____ Weight _____

Grade level as of Sept. 2018 _____ School _____

Request for vegetarian diet? Yes No Request for gluten free 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? <input type="checkbox"/> Yes <input type="checkbox"/> No How many years? (Circle one) 2nd 3rd 4th 5th

2018 Fee Schedule

Session 1 - July 15-21

Session 2 - July 22-28

**Both Sessions Include
 Five Full Days and
 Two Partial Days of Activity**

Team Rate

Camper Fee \$689 (7 or more from same school)

FEE \$689 each

Family Rate

Camper Fee \$689 (2 or more siblings from the same family)

FEE \$689 each

Individual Rate

Camper Fee \$ 759

FEE \$759

PLEASE ENCLOSE!

Copy of your Current School Sports Physical clearing you for sports participation.

Pre-Participation Steens Camp Medical History Form.

Form can be found at our website and downloaded: www.steens.camp

\$100 Deposit - Must accompany application. Balance due by registration day. Deposit not refundable after **JULY 1, 2018.** 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 7000 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)

For Office Use Only