

For office use only

Age _____ Grade _____
Rm _____
Size _____
Cost _____ Deposit _____
Date Rec'd _____

**Kingdom Fitness
Crusader Cross Country Camp
Camp Application**

June 19 -26, 2010

Photo

Camper's Name _____ Preferred Name _____

Camper's Address _____ Phone _____ Gender: Girl Boy

City _____ State _____ Zip _____

Mother's Name _____ Phone: Home _____ Cell _____ Wk _____

Father's Name _____ Phone: Home _____ Cell _____ Wk _____

E-Mail: Mother _____ Father _____

Emergency Phone Name(s) _____ Number(s) _____

Camper's Age at Camp Time _____ Date of Birth _____ Grade Completed by June _____

Height _____ **Weight** _____ **Date of last tetanus shot** _____

T-shirt Size (Circle one) **YM (sz. 10-12)** **YL (sz. 14-16)** **AS** **AM** **AL** **AXL** **AXXL**

I am registering ___ as an individual / ___ as a member of a team attending camp.

School/Team Name _____ Coach's Name _____

5K Time _____ 1 mile split time _____ How many miles per week do you currently run? _____

Are you currently experiencing any overuse injuries (shin splints / tendonitis)? YES _____ NO _____

If so, please explain: _____

Camper's Doctor _____ Office Phone _____

Please explain if camper has any recurring illness, allergies, or emotional problems _____

Is camper on continuing medication, including inhalers? Please explain: _____

Does your child have medical insurance? Yes No If yes, please attach a copy of their medical card.

**A representative of the camp has my
permission to seek medical assistance
for my child.**

Parent or Legal Guardian

In order to ensure a pleasant, profitable camping experience for your child, please write us a note on the back of this form about anything which you feel we should know about your child.

NOTE: Campers will not be considered registered if there are any blanks on the form, if no recent picture accompanies the form, or if the deposit has not been received.

REGISTRATION DEADLINE: MAY 28, 2010

Forms and deposits may be mailed to 814 Sandy Lane, Ruston, LA 71270 .

Forms may also be emailed to Camps@thegospelinc.com or faxed to 318-251-1499. Payment may be made by check, cash, money order, or Paypal (see our website at www.thegospelinc.com for this option.) Deposits must be received BEFORE camper is considered registered. **All campers must pay the \$195 deposit regardless of attending as an individual or as a team.**