

Print this form and mail to:  
FOSS RUNNING CAMP

Lauren Frazier , *Camping Services Branch Administrator*  
St

*YMCA of Greater Manchester 30 Mechanic*  
*Manchester , NH 03101 (603)-232-8642 [lfrazier@graniteymca.org](mailto:lfrazier@graniteymca.org)*

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# 2019 FOSS RUNNING CAMP Registration

(\$200 non-refundable fee must accompany this form)

Make check payable to: YMCA-Foss Running Camp

Balances are due by March 15, 2019 for both week 1 and week 2.

Week 1: August 11-17 | Week 2: Aug 18-24

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_

Your School: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)  
\_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip:  
\_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

In consideration of this application being accepted by FOSS RUNNING CAMP, I hereby for myself, my heirs, executors, administrators and assigns, waive and release forever any and all rights or claims whatsoever that I may have against FOSS RUNNING CAMP, its Director, Administrators, or any staff appointed by them for any injury/illness that may be suffered by me arising out of or in any way connected with my attendance at FOSS RUNNING CAMP.

FOSS RUNNING CAMP has my permission to administer care in the event of injury or illness.

I certify that I am physically fit, have had a physical examination and have trained for my participation at FOSS RUNNING CAMP.

Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Runner's Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

EMAIL ADDRESS [PRINT-Case Sensitive]  
\_\_\_\_\_

If you do not hear back from us in 4 weeks call Lauren Frazier or e-mail at [lfrazier@graniteymca.org](mailto:lfrazier@graniteymca.org)