

**RICHMOND TRACK AND FIELD
DAY CAMP
APPLICATION**

PERSONAL INFORMATION

Name _____ Your Email _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Parents/Guardians Names _____ Cell Phone: _____

Parents Email _____

Height _____ Weight _____ Date of Birth _____

Tee shirt size: (circle one) S M L XL 2XL

SCHOLASTIC INFORMATION

School _____ Grade (Fall 06) _____

School Address _____ City _____

State _____ Zip Code _____ Phone Number _____

ATHLETIC INFORMATION

Track and Field Coach _____ Phone _____

Coaches Email Address: _____

Primary Event: _____ Best Performance _____

Secondary Event: _____ Best Performance _____

MEDICAL FORM

This certifies that _____ has had a physical exam by a licensed physician and is free from any illnesses or injuries which would prevent him/her from participating in activities at the University of Richmond T&F Camp. I understand that track and field is an active, physical sport and that injuries can take place during camp activities. I authorize any medical treatment that might be advised by physicians and/or sports medicine staff while my son/daughter is present at camp.

Signature of Parent/Guardian

Date

Signature of Athlete

Date

Mail with a \$100 non-refundable deposit (made out to University of Richmond Track and Field Camp) to:

University of Richmond Track and Field Camp
217 Robins Center
University of Richmond, VA 23173

Any questions contact: Steve Taylor at staylor7@richmond.edu or 804-287-1935