



Moorestown Running Company's Winter Track Camp Registration Form

Name: _____ Email: _____

Address: _____ State: _____ Zip: _____

Male / Female Age: _____ Grade: _____

Size Shirt (circle one): S M L XL

Emergency Contact: _____ Phone Number: _____

Please send this registration to Moorestown Running Company, 115 West Main Street, Moorestown, NJ 08057 or fax it 856-234-9374.

You may pay by credit card, cash, or check at the store during regular business hours or at the start of camp.

Time for the parents... In consideration of accepting this entry I hereby waive and release all rights or claims for damages I may have against, Moorestown Running Company, the staff at Moorestown Running Company, or anyone volunteering during the Winter Track Camp, for all injuries by me in said event. Furthermore, I state I have trained for and I am physically capable of successfully completing this running camp.

Signature (above 18)

Under 18 – Parent Signature

Date