

**A \$75 non-refundable deposit registration fee must be sent with application.**

**Mail to: Wolfpack Track Camp / P.O. Box 46017 Raleigh, NC 27620**

**Make checks payable to: Allstar Track Club**

**919-812-2001**

**Day Campers: \$240 / Overnight Campers: \$300**

**2010 WOLFPACK CAMP REGISTRATION FORM** (please print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name / #: \_\_\_\_\_

High School: \_\_\_\_\_ Coach Name & #: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_  
(Please bring or mail a copy of insurance card.)

Events/PR's: \_\_\_\_\_

Roomate: \_\_\_\_\_

If you don't have a preference, roommate will be assigned by staff.

T-Shirt size:    Adult            S            M            L            XL            XXL

**Waiver & Release**

In consideration of my application being accepted, I, intending to be legally bound, do hereby release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue to me against NC State University, the Wolfpack Speed Dynamic Camp, Allstar Track Club, or their respective officers, agents, for any or all damages which may be sustained or suffered by me in connection with my participation in, and/or rising out of my traveling to or returning from said Camp; or the campus of NC State University. Applicant further attests and verifies that he or she is physically fit and has sufficiently trained to participate in all events. Further, applicant attests that his or her health insurance will cover any medical and hospital expenses that he or she incurs; and that he or she has passed a sports participation medical exam within the past year. This camp is neither owned nor operated by NC State University. It is under the sole control and supervision of the Allstar Track Club.

**Medical Permission**

I understand that campers may not participate in camp activities without parental authorization signature and proof of medical insurance. I hereby give permission to the physician, nurse, or trainer selected by the Wolfpack Speed Dynamic Camp staff to order x-rays, routine tests and treatment for the health and safety of my child regardless of his/her insurance status. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child. I will be responsible for any and all costs of medical attention and treatment. I waive, release, and forever discharge Allstar Track Club and the Wolfpack Speed Dynamic Camp its staff, directors, officers, employees, and NC State University from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Camp activities. The Allstar Track Club and the Wolfpack Speed Dynamic Camp reserve the right to refuse admission to any student at any time should the Director determine such action is in the best interest of the camp or the student.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Registration Fee:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

Wolfpack Speed Dynamic Camp reserves the right without notice to modify, change or revoke the arrangements, regulations, curriculum and instructional materials used in its programs. Wolfpack Speed Dynamic Camp reserves the right to refuse admission to any student at anytime should Wolfpack Speed Dynamic Camp determine such action is in the interests of the school or student. Wolfpack Speed Dynamic Camp assumes no liability for personal injury or for the loss or damage of personal property.