

Nike Sneaker Factory XC Clinic

Personal Information:

Name: _____ Gender: Male Female

High School: _____ Entering Grade in 9/09: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____

Parent's Email Address: _____

Athlete's Email Address: _____

T-Shirt size (circle one): S M L XL

Running Information:

How long have you been running? _____ Have you ever run on trails? Yes No

Anticipated Weekly mileage by mid-August: (Please circle one)

0-10 10-20 20-30 30-40 40-50 50+ (please specify: _____)

Personal Bests: 800m: _____ 1600m: _____ 3200m: _____ 5k: _____

Health & Emergency Information:

Insurance Policy Holder's Name: _____

Insurance Company: _____ Policy # _____ Group # _____

Emergency Contact Name: _____ Phone #: _____

Family Physician Phone #: _____

Known Drug Allergies: _____ Known Food Allergies: _____

Medical Conditions we should know about: _____

If more space is needed, please attach additional details. We recommend bringing inhalers or other medications that may be needed.

Likeness Consent:

I hereby consent and grant full authorization, permission and right, without compensation to me, to The Sneaker Factory to use any photograph, videotape, motion picture, recording or any other likeness of the undersigned participant taken while participating in the clinic, for training, educational, demonstrative or promotional purposes including, but not limited to promotional brochures, posters, advertisements or other print medium, television, internet or other communications medium.

Waiver & Release

I hereby give written permission to the Sneaker Factory Running Clinic Director and Coaches to use his/her best judgment in any situation requiring emergency attention to my son/daughter.

The facilities and physicians of the Overlook Hospital Emergency Room may be used for the emergency care of my son/daughter. I also certify that my son/daughter is physically able to actively participate in all the activities of the running clinic. All risks attendant to participating in **The Nike Sneaker Factory Cross-Country Clinic**, including but not limited to bodily injury, are assumed by me, his/her parent or legal guardian as indicated by the signature hereto.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Clinic Fees: Register by 7/1/09 - \$180 per person. Register after 7/1/09 - \$200 per person

Lunch Option: \$40 per person, checks made payable to "Millburn Deli" (You may bring your own lunch instead)

Make checks payable to "The Sneaker Factory".

Mail registration & payment to: Sneaker Factory Clinic, PO Box 150, Millburn, NJ 07041