

Acadian Running Camp at Mt. Desert Narrows in Bar Harbor  
Co-Ed for entering 9-12<sup>th</sup> graders and college division for graduated seniors  
Sunday -July 22 – (2 p.m)- Wednesday July 25–(noon), 2012  
Tuition - \$200

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Grade entering Fall 2012 \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Your T-Shirt Size \_\_\_ S \_\_\_ M \_\_\_ L  
Running Shoe Size \_\_\_\_\_ Indicate preference for training or racing flats (circle)  
Best XC Time/Distance \_\_\_\_\_  
Best Track Times \_\_\_\_\_  
Name of High School \_\_\_\_\_ College (if decided) \_\_\_\_\_

In case of medical emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure medical treatment for my child. The person enrolling at Acadian Running Camp, his/her parents or legal guardian, assume(s) all risk for loss of property or injury to the person, including Injuries resulting in death caused by or incidental to dangers associated with running and camp activities. Said individuals agree that there are certain inherent dangers related to running and to camp (sprains, strains, broken bones, vehicle collisions, falls, drowning, heat related injuries, etc.) and therefore, agree to hold the Acadian Running Camp, its director and staff harmless and specifically agree not to make any claim against said camp for any of these injuries which would normally be considered a risk from participating in distance running.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Parent or Guardian

Emergency Contact:  
Name-- \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

Precautions the camp director should be aware of such as allergies, diabetes, recent illness, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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MEDICAL INSURANCE (required)

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Please furnish a copy of medical card with this form.

Complete \$200 payment payable to Acadian Running Camp required by June 1<sup>st</sup>.and must accompany this application.

Send Application to:  
OJ Logue, Camp Director  
Acadian Running Camp  
P.O. Box 1472  
Northampton, MA 01060  
207-664-3769 (evenings)  
[ojlogue@gmail.com](mailto:ojlogue@gmail.com)

CANCELLATION POLICY

FULL REFUNDS BEFORE JULY 1<sup>ST</sup>; AFTER JULY 1<sup>ST</sup> CANCELLATION FEE OF \$100 WILL APPLY.

Limited Scholarships will be awarded based on financial need only. No merit scholarships will be awarded in compliance with NCAA's policies. Contact OJ for application.

If you previously received a scholarship last year and your family situation remains unchanged, simply write SCHOLARSHIP on upper right hand corner of front page of application.