

## UNIVERSITY OF GEORGIA TRACK CAMPS 2009 APPLICATION

PLEASE FILL OUT A SEPARATE FORM FOR EACH CAMPER

PLEASE MAKE COPIES OF THIS FORM

Name: Last First Middle

Preferred Name Age Home Phone

Address

City State Zip

Parent's Name

I would like to room with \_\_\_\_\_

T-shirt size: \_\_\_\_\_

School Name: \_\_\_\_\_ Did you attend last year? (Please circle) YES NO Male ( ) Female ( )

Fees are due with application. Fees paid before May 15<sup>th</sup> receive discount. **Returned Check Fee=\$30**  
**Any amount paid after June 1<sup>st</sup>, must be by cash or money order; NO CHECKS AFTER JUNE 1<sup>ST</sup>.**

Please indicate the camp(s) you would like to attend:		Resident Fee Before May 15/After May 15	Day Camper Fee Before May 15/After May 15
June 17-20, 2009	Southeast Region Pole Vault Boys and Girls	\$500 (___)/\$560 (___)	\$400 (___)/\$460 (___)
June 17-20, 2009	Throws Camp	\$400 (___)/\$460 (___)	\$325 (___)/\$385 (___)
June 17-20, 2009	Distance/Middle Distance/Cross Country	\$400 (___)/\$460 (___)	\$325 (___)/\$385 (___)
June 17-20, 2009	High Jump	\$400 (___)/\$460 (___)	\$325 (___)/\$385 (___)
June 17-20, 2009	Long Jump/Triple Jump	\$400 (___)/\$460 (___)	\$325 (___)/\$385 (___)
June 17-20, 2009	Sprints/Speed Development	\$400 (___)/\$460 (___)	\$325 (___)/\$385 (___)
June 17-20, 2009	Hurdles	\$400 (___)/\$460 (___)	\$325 (___)/\$385 (___)
June 21-24, 2009	Pole Vault, Girls/Boys Vault, Beginners and Advanced	\$400(___)/\$460 (___)	\$325 (___)/\$385 (___)
June 21-24, 2009	Cross Country Pre-Season	\$400(___)/\$460 (___)	\$325 (___)/\$385 (___)

Total Before 5/15/09 \$ \_\_\_\_\_ "OR" Total After 5/15/09 \$ \_\_\_\_\_

Fees are due with application. Fees paid before May 15<sup>th</sup> receive discount. Payable to: **Wayne Norton**. Mail with application to: Coach Wayne Norton, Athletic Department, P.O. Box 1472, Athens, GA 30603-1472.

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This activity is not sponsored by, nor do any fees paid accrue to the benefit of The University of Georgia Athletic Association or the Regents of the University System of Georgia, none of which assume any responsibility for injury or damages to person or property arising out of any occurrence during this activity.

**Parental Consent:** I hereby give written permission for my child to attend the Summer Track Camp. All risk attendant to participating in the camp, including but not limited to bodily injury, are assumed by me, the child's parent or legal guardian, as indicated by my signature hereto. In case of an emergency, I hereby give my permission to the physician selected by the camp director to undertake appropriate medical steps toward the welfare of my child; I have read the NCAA notice.

Parent's Signature: \_\_\_\_\_

**Physician's Clearance:** This will certify that \_\_\_\_\_  
(Camper's name)  
 is physically qualified to attend the Summer Camp.

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_