

ARKANSAS

TRACK & FIELD CAMP



The University of Arkansas Track and Field Camp is designed to help all track and field athletes excel in their individual events. The home to 44 National Championships, we are excited to host track and field camp at our world class facilities John McDonnell Field and the Randal Tyson Indoor Track.

Come learn from the best at the University of Arkansas Track Camp as our coaches and current student-athletes provide technical instruction for each event.

Who: All male and female athletes 6th grade and up
Overnight Camper \$550
Commuter Camper \$ 400

For more information or to register visit: ArkansasTrackCamps.com

Follow us on Twitter @ArkTrackCamps

The camp is open to any and all entrants (limited only by number, age, grade and/or gender).

Participants are not contracting with the University of Arkansas or the State of Arkansas with regard to participating in this camp, and the University of Arkansas and the State of Arkansas do not run or have any responsibility for the camp."



**ARKANSAS
TRACK & FIELD CAMP**

Please note: You may register through our secure
website at www.arkansastrackcamps.com

This camp is open to any and all entrants on a first-come, first-serve basis and any individual who satisfies the age and/or grade level requirements set forth in the registration materials.

Name _____

Gender: M F

Birth date ____/____/____

Address _____

City _____ ST _____ Zip _____

Grade Entering _____ Age _____

School _____

Phone _____

Email _____

Emergency Contact _____

Emergency Phone _____

Allergies _____

Current Medications _____

Circle One: Overnight / Commuter

T-Shirt Size _____

Events _____ PB _____

Events _____ PB _____

Registration deadlines and camp fees:

Camp fees \$550 (Overnight)

 \$400 (Commuter)

There is no charge for parents or coaches. Enrollment is limited, early registration is advisable. Payment must be received in full to guarantee your enrollment. There will be a \$25 processing fee on all refunds and cancellations. There is a \$20 processing fee for all returned checks. Refunds will only be given for medical reasons when accompanied with a letter from your physician.

Checks should be made payable to:

Megan Elliott

Mail application, medical release form, and payment to:

Arkansas Track & Field Camp

10 S. Razorback Road

Fayetteville, AR 72701

For questions or additional information please contact Megan Elliott @ 479-445-9168

ARKANSAS TRACK & FIELD CAMP
CONTACT INFORMATION

Camper's Name: _____

Parent/Guardian Names: _____

Home Phone: () _____ Work () _____ Cell () _____

Emergency Contacts (other than parent/guardian)

Relationship

Name _____ to Camper _____

Home Phone: () _____ Work () _____ Cell () _____

Relationship

Name _____ to Camper _____

Home Phone: () _____ Work () _____ Cell () _____

Individuals allowed to check-out camper daily. Must show photo ID when picking up.

Name: _____ Name: _____

Sports Camp/Clinic Waiver

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Camper being permitted to participate in the Arkansas Track & Field Camp from June 27-30, 2019 ("Activity"), the undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby waive and release forever any and all rights for claims and damages we and/or our child/guardian may have against the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, and the Camp, and the Camp's owners, officers, agents and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which we or our child may have or which may hereafter accrue to our child, arising out of or related to any loss, damage, or personal injury (including, without limitation, death), that may be sustained by our child at any Activity, or to any property belonging to child, whether caused by negligence or carelessness on the part of the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Camp, and the Camp's owners, officers, agents and employees or otherwise, while our child is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We accept, understand, and assume that there is a risk of injury in this Activity, due to the physical and athletic nature of the Activity, including, but not limited to, falls, contact with other participants, and running drills. The Camper agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

We understand that this Activity is neither administered nor sponsored by the Board of Trustees of the University of Arkansas and that the Camp is providing the instruction and camp Activities outside the scope of any affiliation with the University of Arkansas. We agree on behalf of ourselves, our Camper, and any heirs or assigns to release, hold harmless, and indemnify the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Camp, and the Camp's owners, officers, agents and employees from and against any and all claims and liability or damages of any kind or nature whatsoever arising out of or relating to the activity.

Printed Name of the Camper: _____

Signature of Camper: _____

If the Camper is a minor under the age of eighteen (18), signature of Parent(s) or Guardian(s) is required:

Signature of Parent or Guardian: _____

Address & Telephone Number: _____

MEDICAL INFORMATION

Camper's Doctor: _____ Phone: _____

Camper's Dentist: _____ Phone: _____

Pertinent health or medical information including all allergies:

List all medication currently taking including over-the-counter, non-prescription, and prescription: _____

The undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby certifies that _____ ("Camper") has been cleared by a medical physician within the last year (within 365 days of the first day of this camp) to fully participate in Track & Field Camp. If Camper requires medical attention as a result of participation in said camp, we hereby give consent to authorize medical personnel present to provide such care as is deemed necessary by such authorized personnel and/or to seek additional emergency medical treatment if the Camper's parent(s)/guardian(s) as may be deemed necessary by such authorized personnel.

We have received and read the concussion and head injury information sheet. We understand that there is a risk of injury during athletic participation, and we agree to disclose any signs and symptoms of a concussion to the camp coaching staff. We also understand that Camper will be removed from play to eliminate the risk of any injury and will not be able to resume participation until evaluated and cleared by a member of the camp health services staff who has experience with evaluating and managing pediatric concussions and head injuries.

Printed Name of Camper: _____

Signature of Camper: _____

If Camper is a minor under the age of eighteen (18), signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____