

2016 Camp Application



2016 CAMP APPLICATION FORM
TRAIN WITH KENYANS, LLC
409 Savannah Avenue
Lynchburg, VA 24502
Fax: 888-906-3371
E-mail: info@trainwithkenyans.com

Print these pages fax, email or mail it to the above address. Thank you.

1. All areas of this form must be COMPLETED and SIGNED by Parent/Guardian and returned to The Train with Kenyans, LLC with a COPY of your medical insurance card (front and back). Your application is not complete without your insurance card and parental authorization. Campers are responsible for any and all medical expense incurred during camp.
2. Send this form with a \$50 deposit to reserve your space. The \$50 deposit to reserve your space is NON-REFUNDABLE for any reason. Substitutes are allowed. If you pay in full and cannot attend camp for medical reasons, you are entitled to a refund minus the deposit. Refund checks will only be written after August 15th.
3. Final payment is due on or before July 15th, 2016 if paying with personal check. Cash, money orders and certified checks are accepted at registration.
4. Make Checks payable to Train with Kenyans, LLC and mail to above address. NO PERSONAL CHECKS WILL BE ACCEPTED AFTER July 14th. We accept certified checks, money orders, or cash at registration.

Please print legibly using ink. Confirmations will be sent through your e-mail once your deposit is received (don't forget to put down your e-mail address).

Select One:

- Campers \$250.00***
- Returning Camper \$230***
- Commuters Camper \$195.00***
- Returning Commuter \$185.00***
- Non-participant Adults (i.e. chaperons, spouses) \$190.00***
- Non-participant Children (of staff/coaches) \$230.00**
- Team Campers \$1610.00*(team of seven), \$230 per person**

10% of your camp fee is tax deductible!

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**Camps is OPEN to any and all entrants
(limited only by number, age, grade level, and gender)**

Coach with seven athletes comes free!
PLEASE PRINT CLEARLY

Name: _____

Male _____ Female _____

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

Shoe Size: _____

Address (camper): _____ City _____ State _____ Zip _____

Your e-mail address (camper): _____

Parent/Guardian Name: _____

Address (parent/guardian): _____ City _____ State _____ Zip _____

Parent /Guardian Home Phone #: _____ Cell # _____

Parent /Guardian e-mail address _____

School (camper): _____

Birth date (camper): _____

Grade and year in School (Spring 2012) _____

Coach's Name: _____

Coach's Phone # & E-mail: _____

Average Number of Miles per Week: _____

How long have you been running? _____

What is your longest run ever? _____

Select One Level (what level of Runner you are):

_____ **Beginner Runner**- Runners who run or Jog 10 to 30 miles per week four to six days per week

_____ **Intermediate Runner** - Runners who run 25 to 60 miles per week five to seven days per week, and who have been running at least two years or more.

_____ **Advanced**- Runners who run 40 to 60 miles per week six to seven days per week, with at least four years of experience (and two years of racing experience)

_____ **Competitive Runner** - Runners who run over 60 miles per week and run six to seven days per week and frequently. For men, 5K times is under 17:00 and for women 5K times is under 19:00.

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_____ Recreational Runner

_____ I am not a Runner

(We will have classes/courses based on level or runners attending camp)

Roommate Request: _____

Will You Need Airport Pickup? __ Yes __ No (if so, email detail to info@trainwithkenyans.com)(e-mail your flight information a week prior your departure)

Do you want to arrive early before the camp start or stay late after the camp? _____ if yes, how many days? _____

(There is a fee of \$100 per day to stay longer or to come early)

To whom should TWK bills be addressed? (Please provide contact info) _____

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____

Contact #: _____

Relationship: _____

List any conditions about which physicians or TWK should be aware: _____

What are you allergic to?

How did you hear about this camp?

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What is your biggest challenge during camp?

What are you anticipating to learn at TWK?

Are you part of a team of seven and a coach? What is the name of your team?

**** YOU MUST SEND PROOF OF MEDICAL INSURANCE WITH APPLICATION!**
(A photocopy of the front and back of the camper's medical insurance card is required)

Campers are responsible for any and all medical expenses incurred at camp!
Please do not bring valuables, electronics or large sums of money. The camp will not be responsible for lost or stolen items.

IF ASTHMATIC OR ALLERGIC TO BEE STINGS, YOU MUST BRING A BEE STING KIT AND/OR INHALER!!

PARENT/GUARDIAN AUTHORIZATION.

I hereby give permission to the physician selected by the Train with Kenyans, LLC Running Camp staff to order X-rays, routine tests and treatment for the health of my child. 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 injection and/or anesthesia and/or surgery for my child. I understand that Kenyans, LLC Running Camp and its staff, and Pocahontas State Park and its staff are not liable for any medical charges. Campers, parents, guardian and Coaches are responsible for any and all medical expenses incurred during camp. If allergic to bee stings, my child must bring a bee sting kit.

In addition, I acknowledge that distance training is a potentially hazardous activity and that I have made a voluntary choice to permit my minor child to participate in the Train with Kenyans, LLC Running Camp despite the risks that it presents. I agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH which may be associated with or result from my minor's participation in this event.

I further agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS Train with Kenyans, LLC Running Camp and its staff, and Pocahontas State Park and its staff for damage, injury or death to the participant or to any person or property (whether or not caused by their NEGLIGENCE) in any way connected with the participant's preparation, or practice or participation in the camp.

I hereby consent and grant full authorization, permission and right, without compensation to me, to Train with Kenyans, LLC to use any photograph, videotape, motion picture, recording or any other likeness of the undersigned camper taken while participating in the camp, 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.

I hereby give written permission for the athletic trainer, coaches, and staff for Train with Kenyan LLC to use his/her best judgment in any situation requiring emergency attention to my son/daughter.

I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT AND ALL OF IT'S TERMS. I UNDERSTAND THAT THIS IS A RELEASE AND INDEMNITY AGREEMENT WHICH MAY PREVENT ME OR ANY OTHER PERSON FROM RECOVERING ANY DAMAGES IN THE EVENT OF DEATH OR ANY INJURY TO THE PARTICIPANT. I, NEVER THE LESS, ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES.

This is a liability release. Please read carefully before signing:

Parent/Guardian Signature _____

Self(over 18 years old) _____

Date _____

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