



Bryan College - Cross Country Camp  
July 27-30, 2015

**Camper Registration Form**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Grade (Fall 2015) \_\_\_\_\_

Medical Alerts \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Payment (Check one):

Full Payment (\$325) \_\_\_\_\_ Deposit (\$125) \_\_\_\_\_

**\$125 non-refundable deposit DUE July 10, 2015 – Remaining balance upon arrival at camp**

Checks payable to **Bryan College Cross Country**

Mail checks and registration forms to:

**Josh Bradley  
721 Bryan Drive  
Box 7803  
Dayton, TN 37321**

For more information on the Bryan College  
Cross Country Camp please contact Lion's  
head coach Josh Bradley:  
[josh.bradley@bryan.edu](mailto:josh.bradley@bryan.edu) 423-313-1510

**Parent/Guardian Consent:**

I hereby release Fort Bluff Camp, Bryan College, Josh Bradley, and camp staff members from any and all liability for any personal injury or property damage due to participation in this camp. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I authorize camp or facility staff member to obtain immediate medical care and give consent to the hospitalization of, or performance of necessary testing, surgery, or administration of drugs to the child above, in the event that a parent/guardian cannot be contacted. I give consent for my child to be photographed in or video tape for those images to be used for promotional materials.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_