

# ***USA Race Walking Foundation***

## **Junior / Elite Race Walk Camp**

For Junior & College Athletes 14 & Over  
Tuesday, December 26, 2017 to Tuesday, January 2, 2018  
*YMCA Camp Surf, Imperial Beach, California*

### Application Form

Print clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age on December 26, 2017 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Applicant Mobile # \_\_\_\_\_ Parent's # \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Best 2017 Performance time: 1500m \_\_\_\_\_ 1 mile \_\_\_\_\_ 3K \_\_\_\_\_

5K \_\_\_\_\_ 10K \_\_\_\_\_

### Please attach dates, location and race name for each.

Club, H.S. College: \_\_\_\_\_ Coach(es): \_\_\_\_\_

2017 USATF Member No: \_\_\_\_\_ Telephone # \_\_\_\_\_

Parents Names \_\_\_\_\_

### **Participant Agreement**

I, the undersigned recognize that there are certain inherent risks involved with participation in a racewalk camp as an athlete, and I fully accept those risks. In consideration of this application being accepted for the 2017 - 2017 USARW Race Walk Camp (hereafter called the camp), I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge all rights and claims for damages which I may have or which accrue to me against YMCA Camp Surf, USA Track and Field San Diego, all sponsors, City of Imperial Beach, CA, and their officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my participation in the camp and travel to and from the camp.

I attest and verify that I will participate or forfeit my fee and that a licensed medical doctor has verified my physical fitness and ability to participate in strenuous physical activity. I agree to abide by all regulations for participation at the camp and hereby certify that all personal information submitted by me for consideration of my application is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 year of age: I give permission for the coaches of the USARW 2016-17 Elite / Junior Race Walk Camp to provide emergency medical care in the event my child is injured or ill. I will report any special medical conditions upon my child's arrival at the camp. I agree to the participation agreement above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Once accepted, athletes will be sent a packet of information about the camp.

Airport: San Diego International.

Please submit the **application with \$350** check, made payable to USA Race Walking Foundation to cover camp if you do not qualify for USARW grant. If you have qualified for the partial grant, provide the balance. All fees include housing, meals, transportation and race entry.

**Mail to:** Rachel Seaman, P.O. Box 5955, Chula Vista, CA 91912  
Or email to: seaman.rachel@hotmail.com