



**REGISTRATION FORM
2016 MOUNTAIN RUNNING CAMPS**

YOU

Full name : _____

Age : _____

Address : _____

Phone number : _____

Email : _____

Emergency contact : _____
(full name & cel number)

MEDICAL INFORMATION

Any medical conditions, allergies, etc.. ? _____

If yes please list them : _____

Any previous or present injuries ? _____

YOU, RUNNER

How many years have you been running ? _____

How many years have you been trail running ? _____

Do you compete ? _____

If yes, which distance(s) do you focus on ? _____

Average number of hours or km's you run weekly _____

We have 3 levels of trail runner on our schedule page, which level are you ? _____

What is your goal in taking one of our camps/clinics ? _____

CAMPS AND/OR CLINICS YOU WANT TO REGISTER FOR, including dates :

1. _____

2. _____

3. _____

More: _____

TOTAL AMOUNT DUE : _____



How have you heard from us ? _____

Your registration will only be confirmed once full payment has been made via wire transfer. The camps are non-refundable except if the camps/clinics are canceled by the X-training school.

Date :

Signature of the participant :