

# **NMU Track & Field 2009 Summer Youth Program**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Grade as of September 2009: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adult T-shirt Size (please circle one):                      XS      S      M      L      XL

Parent/Guardian Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Health Insurance Carrier/Policy Number: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_  
(i.e. diabetes, asthma, cardiac conditions)

**Authorization: I consider the registrant above to be in good health and permission is granted to participate in all summer program activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son/daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by my son/daughter will be my responsibility.**

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

Complete registration form with payment. Please note: **Full payment is required upon registration.**  
 Make check or money order payable to: Northern Michigan University

**CREDIT CARD HOLDERS ONLY:**

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Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Confirm \_\_\_\_\_

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**Summer Youth  
Track & Field Program**

Dates: June 10 - July 2, 2009  
 Times: Tue., Wed., Thu., 10 - 11:30 a.m.  
 Where: Marquette Senior High School track  
 Ages: 10-18  
 Cost: \$100

**Full payment is required upon registration  
 Registration Deadline: 1 week prior to camp**

**Refund Policy**

All cancellations must be received in writing, by fax or e-mail. Full refunds will be made for cancellations received at least 10 days before camp begins. Once this deadline has passed, refunds will be assessed a \$25 fee for administrative expenses. For refunds, the postmark for the cancellation letter, fax machine date stamp or e-mail date will determine the date to be used to establish the refund amount. Written requests must explain the reason for cancellation request.

The refund policy will be strictly enforced regardless of the reason for cancellation or early departure. Departing campers should consult with the camp director when an early departure or cancellation is necessary.

If camp is cancelled or postponed, the University will refund registration fees but cannot be held responsible for any related costs, charges, or expenses including cancellation/change charges assessed by airlines or travel agencies.

All refund requests must be sent or faxed to:  
 Intercollegiate Athletics and Recreational Sports  
 1401 Presque Isle Ave.  
 PEIF Office 126  
 Marquette, MI 49855  
 Fax: 906-227-1694

email: recsport@nmu.edu

Mail registration form and payment to:  
 Intercollegiate Athletics & Recreational Sports  
 1401 Presque Isle Ave.  
 PEIF Office 126  
 Marquette, MI 49855