

USA Race Walking Foundation Junior / Elite Race Walk Camp

For Junior, College & Elite Athletes 14 & Over
Tuesday, December 30, 2024 to Sunday, January 5, 2025
YMCA Camp Surf, Imperial Beach, California

APPLICATION FORM

Print clearly

Last Name: _____ First Name: _____

Male: _____ Female: _____ Age on December 30, 2024 _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Applicant Mobile # _____ Parent's # _____

Your E-mail: _____

Best 2024 Performance time: 1500m _____ 1 mile _____ 3K _____

5K _____ 10K _____ 20k _____

Please attach dates, location and race name for each.

Club or High School: _____ Coach(es) _____

2024 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 2025 USA Race Walking 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 USA Race Walking 2025 Junior / Elite 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 \$315** check, made payable to USA Race Walking Foundation to cover camp if you do not qualify for USA Race Walking grant. If you have qualified for the partial grant, provide the balance.

Mail to: Rachel Seaman, P.O. Box 5955, Chula Vista, CA 91912

Or email to: seaman.rachel@hotmail.com