



RUNNING & FITNESS CAMP REGISTRATION FORM

CAMP DATES: _____ CAMP LOCATION: _____

PARTICIPANT'S NAME: _____

AGE: _____ GRADE (next school yr): _____ GENDER: Male ☐ Female ☐ Non-binary ☐

Tribal affiliation(s) (if any): _____

PARENT'S NAME: _____ PHONE #: (_____) _____

EMAIL: _____

Are there any medical conditions, or recent injuries, that might limit your child's ability to participate in a full day of running-related activities and group fitness games? YES ☐ NO ☐ If yes, please explain:

Will your child need to take any medications or carry an inhaler throughout the day?: YES ☐ NO ☐

Please List Medications: _____

Has your child participated in Wings programs in the past?: YES ☐ NO ☐ I'm not Sure ☐

Will your child be participating this year with another member of their family?: YES ☐ NO ☐

Will you travel more than 20 miles (one-way) to bring your child(ren) to camp? YES ☐ NO ☐

If "YES" please estimate the number of miles (one-way): _____

Does your child participate in after-school sports during the school year?: YES ☐ NO ☐

Not yet, but hopefully when they are old enough ☐

How important is it to you for your child(ren) to be exposed to the following?:

	Not at all	Somewhat Important	Important	Very Important
1. Exercise routines/strategies that encourage regular physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diet and nutrition lessons that encourage healthy eating habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Native American running history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Native American heroes & role models.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Competitive sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Activities that promote mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Their Native language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lessons about the affects of diabetes on the human body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. New places. (travel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Info about how to go to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Being on a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sports injury prevention techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Teachings that promote spiritual health/wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you (parent/guardian) ever participate in Wings programs? YES ☐ NO ☐

If yes, please tell us which programs and around what year: _____

WAIVER: (signed by parent or legal guardian)

Waiver: I hereby release The Earth Circle Foundation, Inc. (dba Wings of America) and all agencies and/or sponsors whose property and/or personnel are used from responsibility for any injuries and/or damages my child may suffer as a result of their participation in "Running & Fitness Camp". I hereby certify that my child is in good physical condition and is safely able to participate in this fitness-centered event. Additionally, I permit the use of the name, voice and/or likeness of my child in broadcasts, telecasts, newspapers, brochures, etc. produced by and/or in cooperation with Wings of America and/or Running & Fitness Camp sponsors/collaborators. As the parent and/or guardian of the above named child, I certify that all the information in this form is true and complete. I have read the information provided and certify my compliance with my signature below.

PARENT/GUARDIAN PRINTED NAME

SIGNATURE

DATE

EMERGENCY CONTACT NAME

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PHONE NUMBER

