



CAMP RELEASE FORMS

Colorado State University
July 7-12, 2019

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MM/DD/YEAR): _____

NAME OF INSURANCE CARRIER: _____

POLICY NUMBER: _____

I _____ understand the Running Co-op camp includes running workouts, cross training, and non-contact sports, as well as an offsite trail run. I agree to accept full risk and responsibility for my child's participation in this program and agree to release, hold harmless and indemnify the Running Co-op and all employees or representatives of the organization in their official and individual capacities from all expenses, attorney's fees, claims or liability whatsoever including claims based upon such defendants' own negligence arising from or related to my child's participation in the Running Co-op camp. This release shall be binding on me, my legal representatives, heirs and assigns in perpetuity. I have read this release and understand it fully.

Signature of Parent/Guardian _____ Date _____

EMERGENCY CONTACT & HEALTH FORM

NOTE: Don't forget to have your camper bring these forms with them to camp. They can be handed in at check in on the first day.

| | | |
|---------------------|----------------------|----------------|
| NAME OF PARTICIPANT | BIRTHDATE (MM/DD/YY) | ENTERING GRADE |
|---------------------|----------------------|----------------|

| | | |
|---------|------|-----------|
| Address | City | State/ZIP |
|---------|------|-----------|

Emergency Contact Information

List phone numbers where emergency contacts can be reached.

| | | |
|---------------------------------|--------------|-------|
| PRIMARY CONTACT FOR EMERGENCIES | RELATIONSHIP | PHONE |
|---------------------------------|--------------|-------|

| | | |
|--------|---------------|------|
| MOTHER | DAYTIME PHONE | CELL |
|--------|---------------|------|

| | | |
|--------|---------------|------|
| FATHER | DAYTIME PHONE | CELL |
|--------|---------------|------|

| | | |
|-------------------|--------------|-------|
| ALTERNATE CONTACT | RELATIONSHIP | PHONE |
|-------------------|--------------|-------|

Medical Information

HEALTH INSURANCE

| | | |
|-------------------|---------------------|-----------|
| Insurance Company | Policy/Group Number | ID Number |
|-------------------|---------------------|-----------|

ALLERGIES. Please list and describe reaction and management of the reaction if applicable:

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|--|
| |
| |
| |
| |
| |

MEDICATIONS. Please list all medications (including over-the-counter or non-prescription) taken regularly. **Any Medication brought to camp will need to be placed in a ziplock bag along with written instructions and handed in at check in along with these forms.** Medications will be given to your child's counselor for safekeeping.

| MEDICATION: | Dosage | Specific time taken |
|-------------|--------|---------------------|
|-------------|--------|---------------------|

| | | |
|-------------------|--|--|
| Reason for taking | | |
|-------------------|--|--|

| MEDICATION: | Dosage | Specific time taken |
|-------------|--------|---------------------|
|-------------|--------|---------------------|

| | | |
|-------------------|--|--|
| Reason for taking | | |
|-------------------|--|--|

Do they need to be reminded to take their medications? _____

BEHAVIOR. Are there any behavioral issues the staff should be confidentially aware of?

INJURIES. Please list any running injuries (stress fractures, etc.) that have occurred in the last year (Feel free to use the back of this form if you need additional space to write).

Have they been released by a doctor to resume all normal activities? _____

Have they been given any special instructions? _____

Have they been told to avoid certain activities? _____

Permission to Secure Treatment

In the event of any emergency, I authorize the Running Co-op to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME

CAMPER QUESTIONNAIRE

Please have **your child** take a moment to answer the following questions. We would love to know a little bit about them!

Name: _____ City/State: _____

What events or distances do you normally run or compete in? _____

Are you involved in any other sports (besides running)? _____

What are some of your interests or hobbies (besides running)? _____

Do you have any short or long term goals for running? If so, what are they? _____

What do you hope to learn about at camp? _____
