

Camper Name: _____ Session Attending: _____

**Wide Open Cross Country Camp
2011 Camper Medical and Release Form**

(You will not be allowed into camp without a SIGNED and COMPLETED form)

Gender: M / F Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email for camp notifications: _____

Parent/Guardian Name(s): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Emergency Contact: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Health and General History Statement

List any medication the camper will take at camp (please indicate name and dosage): _____

List any allergies, food allergies, drug reactions, or chronic medical conditions that would require special attention: _____

What was the date of the camper's last tetanus shot: _____

I hereby certify that the named camper is in good health, adequately trained, and fully able to participate in all activities of Wide Open Cross Country Camp. I know of no physical impairments, or any other facts, which in any manner limit his/her participation in the Wide Open Cross Country Camp events.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Information

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

I, the parent/guardian of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I further certify that I will be financially responsible for any medical attention needed during camp or resulting from an injury received at Wide Open Cross Country Camp. My medical insurance shall be the insurance coverage for any medical treatment.

I authorize the use of my child's photograph to be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____