

Name: _____ Session Attending: _____

**Wide Open Cross Country Camp
2011 Coach 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: _____

School Name: _____

Emergency Contact: _____

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

Cell Phone: () _____ Email: _____

Health and General History Statement

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

What was the date of your last tetanus shot: _____

Should I choose to participate, myself, in any of the activities of Wide Open Cross Country Camp, I hereby certify that I am 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 my participation in the Wide Open Cross Country Camp events.

Signature: _____ Date: _____

Health Insurance Information

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

I, _____, give permission for myself to receive emergency medical or surgical treatment and hospitalization if necessary. 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 photograph for promotional purposes.

Signature: _____ Date: _____