

**Camp Release Form**

(Please indicate which camp you will be attending)

Eastern Mennonite University

 Colorado College

PARTICIPANTS FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH (MM/DD/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INSURANCE CARRIER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that Jim Ryun Running Camp includes running workouts, cross training, non-contact sports, as well as a possible 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 Jim Ryun Running Camp 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 Jim Ryun Running 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 

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NAME OF PARTICIPANT BIRTHDAY (MM/DD/YY) ENTERING GRADE

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ADDRESS CITY STATE/ZIP

**EMERGENCY CONTACT INFORMATION**

LIST PHONE NUMBERS WHERE EMERGENCY CONTACTS CAN BE REACHED

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PRIMARY CONTACT FOR EMERGENCIES RELATIONSHIP PHONE

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MOTHER DAYTIME PHONE CELL PHONE

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FATHER DAYTIME PHONE CELL PHONE

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ALTERNATE CONTACT RELATIONSHIP PHONE

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**MEDICAL INFORMATION**

**HEALTH INSURANCE**

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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. MEDICATIONS WILL BE GIVEN TO YOUR CHILD’S COUNSELOR FOR SAFEKEEPING

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MEDICATION DOSAGE SPECIFIC TIME TAKEN

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REASON FOR TAKING

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MEDICATION DOSAGE SPECIFIC TIME TAKEN

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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?

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**INJURIES:** PLEASE LIST ANY RUNNING INJURIES (STRESS FRACTURES, ETC.) THAT HAVE OCCURRED IN THE LAST YEAR (FEEL FREE TO USE THE BACK OF THI FORM IF YOU NEED ADDITIONAL SPACE TO WRITE).

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HAVE THEY BEEN RELEASED BY A DOCTOR TO RESUME ALL NORMAL ACTIVITIES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE THEY BEEN GIVEN ANY SPECIAL INSTRUCTIONS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE THEY BEEN TOLD TO AVOID CERTAIN ACTIVITIES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERMISSION TO SECURE TREATMENT:**

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE THE JIM RYUN RUNNING CAMP 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 TREATMEENT FACILITY OR HOSPITAL IF I AM UNABLE TO BE REACHED FIRST

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SIGNATURE OF PARENT OR GUARDIAN DATE

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PRINTED NAME

CAMPER QUESTIONNAIRE 

PLEASE HAVE YOUR CHILD TAKE A MOMENT TO ANSWER THE FOLLOWING QUESTIONS. WE WOULD LOVE TO KNOW A LITTLE ABOUT HIM/HER!

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT EVENTS DO YOU NORMALLY COMPETE IN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ARE YOU INVOLVED IN ANY OTHER SPORTS (BESIDES RUNNING)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WHAT ARE SOME OF YOUR INTERESTS OR HOBBIES (BESIDES RUNNING)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DO YOU HAVE ANY SHORT OR LONG TERM GOALS FOR RUNNING? IF SO, WHAT ARE THEY? \_\_\_\_\_\_\_\_

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WHAT DO YOU HOPE TO LEARN ABOUT AT CAMP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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