

**The Cape Cod Running Camp
2012 RELEASE FORM**

**~ PLEASE MAIL THIS FORM TO US AND BRING A COPY TO THE CAMP ~
(You will not be admitted to camp without a completed and signed release form.)**

Name: _____ Gender: _____ Birthdate: _____ Age: _____ Weight: _____ Height: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

My phone number while named camper is at camp, if different from above _____

Person to contact if I cannot be reached _____

Phone number of emergency contact person _____

The camp must comply with regulations of the MA Department of Public Health and be licensed by the local board of health. Parents may request copies of background checks, health care and disciplinary policies.

HEALTH & GENERAL HISTORY

If the camper will be taking medication at camp, please indicate name of drug and usage:

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health, adequately trained, and fully able to participate in all activities of The Cape Cod Running Camp, LLC. I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in The Cape Cod Running Camp, LLC program.

Parent/Guardian Signature: _____ Date: _____

Please circle those illnesses or conditions that the camper has had:

German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

<u>IMMUNIZATIONS</u>	<u>ALLERGIES</u>	<u>DRUG REACTIONS</u>
(List dates)	(Yes / No)	(Yes / No)
Tetanus Toxoid	Hay Fever	Sulpha
Polio Vaccine	Asthma	Penicillin
Tuberculin Test	Eczema	Antibiotics (type)
Mumps	Insect Stings	Aspirin
Measles	Other	Other
Rubella		

Physician's Name: _____ Phone Number: _____

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 will be financially responsible for any medical attention needed during camp or resulting from an injury received at The Cape Cod Running Camp, LLC. My medical insurance shall be the insurance coverage for any medical treatment. This waiver and release of liability includes, without limitation, any injuries and/or damages caused by equipment malfunction or failure, any slip or fall, and any negligent instruction or supervision by The Cape Cod Running Camp, LLC and their respective members, officers, directors, agents, servants, employees, trainers, staff contractors, and/or assigns (including without limitation Roy Harrison in an individual capacity).

I understand that The Cape Cod Running Camp, LLC retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

Signed _____ Date _____