

## **Registration Form (Continued)**

A copy of the camper's most recent school physical, signed/stamped (a private physician's physical may be substituted), with a history of allergies and immunizations, must be submitted, along with the **Balance Due and Camper Agreement, (Download Camper Agreement at: [www.runningworks.com](http://www.runningworks.com)), NO LATER THAN JULY 1, 2010. See Website for Details!**

### **PARENT RELEASE/ AUTHORIZATION**

I, the undersigned, individually and as parent(s) and guardian(s) of \_\_\_\_\_, a minor, do hereby certify that he/she is in good physical condition to take part in RunningWorks, Inc.'s Cross Country Camp (herein known as "Camp"), and I do hereby request and authorize his/her participation in the Camp. I understand that cross country is an active, physical sport which involves physical hazards and that injuries can occur. Should a medical emergency arise and I cannot be reached, I hereby authorize the staff of the Camp to seek appropriate medical attention for him/her. I will be responsible for any and all costs of medical attention and treatment for him/her. I, the undersigned, my heir, executors and administrators, hereby agree to release, discharge, and hold harmless RunningWorks, Inc., its officers, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at RunningWorks, Inc.'s Cross Country Camp.

X \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

### **INSURANCE INFORMATION**

Camper's Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company's Address: \_\_\_\_\_  
\_\_\_\_\_

Policy Subscriber's Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Family Physician Phone #: \_\_\_\_\_

***Online Registration Available!!!***

***[www.runningworks.com](http://www.runningworks.com)***