MAKE RUNNING FUN CROSS COUNTRY CAMP
EMERGENCY CONTACT PAGE

This form must be entirely completed for your athlete to be registered for camp.

Name: _____ Gender: ___ Female ___ Male
Last First

Birth Date: _____ Age at Camp: _____ Social Security #: _____
Month/ Day / Year

Home Address: _____
Street Address City State Zip Country

Parent or Guardian: _____

Phone Numbers: _____
(List and label all phone numbers in order of preference)

Home Address of Parent or Guardian: _____
(if different from above) Street Address City State Zip Country

E-Mail Address: _____

Second Parent or Guardian or Emergency Contact: _____

Phone Numbers: _____
(List and label all phone numbers in order of preference)

Home Address of Second Contact: _____
Street Address City State Zip Country

E-Mail Address: _____

If neither of the above is available in an emergency, contact: _____

Relationship: _____ Address: _____ Phone #: _____

INSURANCE INFORMATION (Please attach a copy of the front and back of your insurance card)

Name of Policy Holder: _____ SS#: _____ DOB: _____

Employer Name & Address of Policy Holder: _____

Insurance Co. Name: _____ Insured ID #: _____ Group #: _____

Insurance Co. Address: _____ Insurance Co. Phone #: _____

PHYSICIAN INFORMATION

Please indicate the doctor(s) we should contact if necessary:

Name of Physician/Pediatrician: _____ Phone: _____

Name of Dentist/Orthodontist: _____ Phone: _____

Other: _____ Phone: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby give permission to the camp to provide routine health care, administer prescription and over-the-counter medications and seek medical treatment including ordering x-rays or tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes and to provide or arrange necessary transportation for me/or my child. In the event that I or the contacts listed above, cannot be reached in case of an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named above. This completed form may be photocopied for trips out of camp. I also agree to abide by the restrictions placed on my/ or my child's camp activities.

Name: _____ Signature: _____ Date: _____