

2019 High Desert Runners' Association Mammoth Running Camp Permission Slip

PERMISSION SLIP AND MONEY IS DUE NO LATER THAN FRIDAY (7/5/19)

I permit _____ to participate in the 2019 HDRA Mammoth Running Camp from 7/14/19 to 7/19/19. I understand that the coaches and chaperones will be present to supervise and drive athletes to the camp site and trail heads. Please sign below and fill out all required medical information. No athlete may attend camp without submitting this signed form to the coach **and** without becoming a member of the High Desert Runners' Association. (www.highdesertrunners.org)

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Contact Phone Number(s): _____

Can you drive? _____ YES _____ No If so, how many seats do you have? _____

Emergency Information:

Conditions requiring special emergency care: _____ not applicable _____ Yes, see below

____ Allergies _____

____ Medications _____

____ Health Problems _____

Medical Insurance:

____ If I cannot be reached in the event of an emergency, I authorize emergency personnel to contact my insurance provider if medical treatment is necessary.

Insurance Carrier: _____

Phone: _____ Policy/Group No. _____

____ I do not have medical coverage.

Emergency Treatment:

I authorize the staff to provide the necessary care and/or supervision for my child's welfare in the event of snow/flood/earthquake conditions. I also realize that the local police may be called, in certain circumstances, in order to ensure emergency treatment. I understand that all medical costs are my responsibility.