

THE ULTIMOOK RUNNING CAMP

HEALTH INFORMATION / MEDICAL RELEASE & LIABILITY RELEASE

HEALTH INFORMATION

Name _____ male female

In case of medical emergency, please contact:

Emergency Contact _____ Emergency phone () _____

Insurance Information: _____

Date of last Tetanus Shot: _____

Doctors Name: _____ City _____

Phone : _____

In case of emergency, is there anything camp staff or the doctor should know? _____

If the runner suffers from any of the following, please identify and explain.

Heart Trouble Diabetes Skin Trouble Fainting Spells Lung Trouble Ear Trouble Sinus Infection
 Allergies _____

Medication Allergies NO YES (specify) _____

Food Allergies NO YES (specify) _____

Is runner allergic to insect bites? NO YES (specify) _____

When exercising in the heat do you have severe muscle cramps or become ill? NO YES

Does anyone in your family have Sickle cell Disease or Sickle Cell Trait? NO YES

Are you trying to gain or lose weight? NO YES

Do you limit or carefully control what you eat? NO YES

Do you regularly use a brace or assist device? NO YES

Has a Dr. ever denied/restricted your participation in sports for any reason? _____

Explain any other health problems

Does the runner require medication such as shots, drugs or anything requiring control? Yes No

****** IF SO, THEY MUST BE TURNED IN TO HEAD TRAINER FOR DISPENSING**

**Name of medication (s) – must be in original prescription bottle
only** _____

MEDICAL & LIABILITY RELEASE

Registrants Full Name (please print) _____

I understand the inherent risks involved in participating in the rigorous physical activity required of an outdoor running camp and I assume full liability of hazard and risk for my child during this year's Ultimook Running Camp. I hereby authorize staff and agents of The Ultimook Running Camp to act for me according to their best judgment in any emergency and give permission for hospital or medical center staff to administer any necessary treatment immediately to my child should he/she be sick or injured while attending The Ultimook Running Camp. I do not hold anyone involved in The Ultimook Running camp, or its respective staff responsible for any injury as a result of my child's participation in the Ultimook Running Camp.

Parent Signature _____ **Date** _____