

2011 HIGH ALTITUDE CROSS COUNTRY CAMP

**Medical Release
And
Insurance Information**

I hereby authorize the directors of the Adams State College Cross Country High Altitude Camp to act for my child according to their best judgment in any emergency medical situation that may arise during the course of the Cross Country Camp. I know of no medical or physical problems that might affect my child's ability to safely participate in this camp. As parent, or guardian, I agree to be responsible for any medical or other charges in connection to my child's attendance at the Cross Country Camp. I also waive and release the Cross Country Camp from any liability in connection with my child's participation at this camp.

The cost for treatment and/or hospitalization for illness or injuries incurred during the Cross country Camp will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parent or guardian may be used to defray such medical and hospital costs.

Camper Name _____

Insurance Carrier _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

In the event of an emergency, please provide a day and evening phone number.

Father
Day Phone: (____) _____
Evening Phone: (____) _____

Mother
Day Phone: (____) _____
Evening Phone: (____) _____

Other
Day Phone: (____) _____
Evening Phone: (____) _____

Other
Day Phone: (____) _____
Evening Phone: (____) _____

You will also need to provide us with proof of a recent physical (1 year). You should be able to obtain this information from your Doctor or School Coach.

This form, along with proof of a recent physical, must be sent back to ASC or brought with you to camp. **You will not be able to participate without both of these documents being complete, and on file.**