

ALL AMERICAN CROSS COUNTRY CAMP PARENTAL CONSENT FORM

Please fill this form out & mail back or have your child bring at time of registration

No camper will be able to participate without this form

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper) who is attending week _____ of camp. I hereby give permission for the camp staff to seek appropriate medical attention for my camper during the camp, for the medical attention to be given to my camper, and for my camper to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment needed for my son/daughter.

I, the undersigned, understand that cross country running is an active, physical sport and that injuries can and will take place during participation at camp. I also understand that there will be more campers than camp staff and that my son/daughter can not receive individualized attention and individualized supervision all of the time. I hereby acknowledge that our child is physically fit and mentally capable to participate in the different sessions that will take place at camp.

I, the undersigned, hereby acknowledge and understand that the All American Cross Country Camp is a privately run sports camp and is not operated by or through North Carolina State University. The camp is neither sponsored, controlled, nor supervised by North Carolina State University but rather is under the sole sponsorship, control and supervision of the camp director, Rollie Geiger. I waive, release, and forever discharge Rollie Geiger, Raleigh Track Club LLC, Christ School and North Carolina State University and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising from or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at camp.

I give permission for the All American Cross Country Camp to take photographs of my son/daughter while engaged in camp activities for the sole purpose of advertising and publicity and I understand that his/her identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates that I have provided true information on this form and have read, understand, and agree to all statements on this form.

X _____
Parent/Guardian Signature Date Printed Name

X _____
Parent/Guardian Signature Date Printed Name

EMERGENCY CONTACT INFORMATION

Home Phone # () _____ Contact Name _____

Work Phone # () _____ Contact Name _____

Work Phone # () _____ Contact Name _____

Emergency Phone # () _____ Contact Name _____

Cell Phone # () _____ Contact Name _____

Please list any special instructions we may need to know about your son/daughter while at camp _____

INSURANCE INFORMATION

Ins. Co. Name _____ Policy # _____ Group # _____

Policy Holder's Name _____ Relationship to Camper _____

Insurance Co Phone # fro Pre-Authorization # () _____

All American Cross Country Camp
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