

**Central Coast Runners
Registration Form**

Child's Last Name _____ First Name _____ MI _____

Home Address _____ City _____ Zip _____

Birth date ____/____/____ Grade _____ Age _____ Sex M F

Uniform Size: Singlet: _____ Shorts: _____ (mention youth or adult size)

Parent/Guardian Last Name _____ First Name _____

Relationship to Child _____ Home Phone# _____ Cell Phone# _____

Second Parent/Guardian Last Name _____ First Name _____

Relationship to Child _____ Home Phone# _____ Cell Phone# _____

Emergency Contacts (People that are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Do you carry family medical/hospital insurance? Yes No Carrier _____ Group # _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Has your child had necessary vaccinations required by school? Yes No

Has your child had any of the following? If so, please explain.

Operations or serious injuries? _____

Chronic or Recurring illness? _____

Allergy or dietary restrictions? _____

Any specific activities to avoid? Yes No If so, what and why _____

Are there any behaviors/concerns that the staff should be aware of? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in the Central Coast Running Camp, I give my permission for Central Coast Running Camp staff members to administer necessary medical treatment. Central Coast Running Camp staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred _____ City _____

Parent/Guardian Signature: _____ Date: _____

**CENTRAL COAST RUNNING CAMP
AGREEMENT AND RELEASE FROM LIABILITY**

PARTICIPANT'S NAME: _____ AGE: _____
Last First MI

CAMP ENROLLED IN: _____ DATES OF CAMP: _____

DIRECTOR/FACILITATOR OF CENTRAL COAST RUNNING CAMP: SEAN RICKETTS

Voluntary Participation – I, _____ parent/legal guardian, of _____ (minor participant) acknowledge that I have voluntarily applied to the **Central Coast Running Camp** for _____ (minor participant) to participate in a running camp at the premises of **Pismo Beach** (location of Little Harriers, Rising Stars Camp) and **Avila Beach** (location of Rising Stars Camp) & **AGHS Track** (Track Camp).

Assumption of Risk – I AM AWARE THAT **RUNNING** IS A HAZARDOUS ACTIVITY. I, _____ parent/legal guardian acknowledge that _____ (minor participant), WITH MY CONSENT AND PERMISSION, IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

Release – As consideration for _____ (minor participant) being permitted by the **Central Coast Running Camp** to participate in these activities and use of related facilities, I hereby agree that I, my assigns, heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of the **Central Coast Running Camp** on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, represent, or contractor of the **Central Coast Running Camp** as a result of _____ (minor participant) participant in the running camp. I hereby release the **Central Coast Running Camp** from all actions, claims or demands that I, my assigns, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from the participation of _____ (minor participant) participation in the running camp.

Medical Authorization – I hereby authorize the employees, agents, and representatives or contractors of the **Central Coast Running Camp** to exercise its best judgment for any emergency medical treatment required by _____ (minor participant) as a result of his/her participation in the **Central Coast Running Camp**.

Voluntary Release – I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE **CENTRAL COAST RUNNING CAMP** ON BEHALF OF _____ (minor participant) AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Make Checks Payable to:

Central Coast Running Camp

Please return to: **P.O. Box 532 Arroyo Grande, CA 93421-0532**