



## 2016 Summer Running Camp

**When:** Monday, July 25 – Friday, July 29. 9:30-1:30

**Where:** North SeaTac Park

**Please register by phone/email or bring form to clinic ~ Cost FREE**

**Who can attend?** Boys and Girls Entering Grades 9-12

Wear comfortable clothes and running shoes

(Please fill out front and risk form on back with complete information)

### Registration

**Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone(s):** \_\_\_\_\_

### Questions

Please Contact:

- Coach Rex Post: [rex.post@highlineschools.org](mailto:rex.post@highlineschools.org) 206-909-9884
- Coach Chuck Cushman: [charles.cushman@highlineschools.org](mailto:charles.cushman@highlineschools.org) 253-205-9527
- Highline District Athletics: 206-631-3014



## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2016 Summer Running Camp sponsored by the Highline School District, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that running entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_  
(Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_  
(Parent initial)

### Medical Information

The following special health problems should be noted: \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone(s) \_\_\_\_\_

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Highline School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone(s) \_\_\_\_\_

### Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Highline School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

*All participants are required to have medical or student accident insurance. Student accident insurance is available through Myers-Stevens & Toohy & Co., Inc. Contact your school's main office for information.*

.....

Although I understand that Highline School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for \_\_\_\_\_ who attends \_\_\_\_\_ to  
(Student) (School)

participate in the HPS 2016 Summer Running Camp, July 25-29, 2016 for the purpose of practicing fundamental running skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_  
(please print)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_