

Marion Cross Country Team Camp - Parental Release Form

****This form must be completed before attending camp****

Athlete's name :: _____

Emergency contact name::_____phone::_____

Emergency contact name::_____phone::_____

If your child will be taking any medications at camp, please indicate name of drug and instructions for use ::
(All medication must be given to Mr. Keeler before camp begins.)

Is your child allergic to any medications? If yes, please specify ::

Is your child allergic to any foods, bee stings, or other? If yes, please specify ::

Can your child fully participate in camp activities? If not, please specify ::

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My son/daughter, _____, has my permission to travel to Sleeping Bear Dunes National Lakeshore as part of Marion Cross Country Team Camp. I understand that he/she will be driven by parent volunteer from Marion High School to Sleeping Bear Dunes National Lakeshore and back.

I, the undersigned, as a parent/guardian of above named child, do hereby certify that he/she is in good physical condition to take part in camp. I know of no other restrictions, physical impairments or other facts that would limit his/her participation in camp activities other than those previously indicated on this form. I hereby authorize his/her participation in the camp. I understand that cross country is an active sport which involves physical hazards and that injuries can occur. Should a medical emergency arise, I hereby authorize Mr. Keeler, or another parent chaperone, to seek appropriate medical attention for my child. I will be responsible for all costs of medical attention and treatment needed for my child. I, the undersigned, hereby agree to release, discharge, and hold harmless Marion Public Schools and the parent chaperones, of and from all causes, liabilities, damages, claims or demands whatsoever of any injury or accident involving my child's participation in the camp.

I give permission for photographs or video of my son/daughter to be taken while engaged in camp activities for the sole purpose of promoting the Marion Cross Country Program.

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:

Parent/guardian signature :: _____ Date: _____

Print parent/guardian name:: _____