

2012 JAYHAWK TRACK & FIELD AND CROSS COUNTRY CAMP - REGISTRATION FORM

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Shirt Size: _____ (adult or youth)

Name of School: _____ Coach: _____

Circle One: Boy or Girl Circle One: Track & Field or Cross Country

Year in School: _____ Years in Track & Field / XC _____

In what other sports do you participate? _____

Primary Event Area (circle one): -Sprints- -Hurdles- -Pole Vault- -High Jump-
-Mile or Longer - -Cross Country- -Long/Triple Jump- -Middle Distance-

What are your goals for the upcoming season: _____

What do you hope to accomplish this week in camp? _____

Parents or Guardians

Name _____

ROOMMATE REQUEST

If you have a roommate request, please return this form to us before June 29, 2012. After that, we cannot confirm roommate requests.

Camper's Name

Camper's Age

Name of First Roommate Requested

Name of Second Roommate Requested

**Before June 29, 2012, detach and mail to:
Jayhawk Track Camps
1651 Naismith Dr
Lawrence, KS 66045**

Or fax to 785-864-5525

Please list your personal bests:

100m _____	Long Jump _____
200m _____	Triple Jump _____
400m _____	High Jump _____
800m _____	Pole Vault _____
1600m/Mile _____	Shot Put _____
3200m/2 Mile _____	Discus _____
100/110 Hurdles _____	Javelin _____
300/400 Hurdles _____	5,000m _____
10,000m _____	

TRAVEL FORM (If not arriving by car)

If your child **will not be arriving by car**, please fill out this form and return it to us as soon as possible. We must receive this completed form in our office no later than **June 29, 2012**. Kansas City International Airport is approximately 50 miles from campus. We will send a camp staff member to pick up and drop off a camper for an additional fee of \$25 each way. ***If paying by check, please make check payable to "Jayhawk Track Camps" and have your child bring it to camp.*** A camp staff member dressed in camp clothing will be there to meet your child with their name on a sign. Don't forget to give your child the camp phone number while traveling alone (Office Phone: 785-864-3486, Emergency Phone: 785-331-9911).

Please try to arrive between 10am – 2pm on Sunday and depart after 6pm on Thursday.

If you need pickup, please detach the completed form below and return it by June 29, 2012 to: Jayhawk Track Camps, 1651 Naismith Dr, Lawrence, KS 66045 or fax to (785) 864-5525.

Camper's Name

Phone Number

TO CAMP:

Arriving by: Air Train Bus (circle one)

Arrival Date: _____ Time: _____

Departure City: _____ Airline: _____ # _____

Connecting Information: _____

FROM CAMP:

Departing by: Air Train Bus (circle one)

Departing Date: _____ Time: _____

Arrival City: _____ Airline: _____ # _____

Connecting Information: _____

Camper's Name : _____

Circle One: Boy / Girl Age: _____ Weight: _____ Height: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: Evening: _____ Day: _____

Are there any activities in which the above camper should not participate? _____

Are there any medical conditions that will require special attention: _____

Please list any prescription medications that the camper is currently taking: _____

I hereby certify that the above named camper is physically able to participate in the Jayhawk Summer Camp and that I know of no restrictions, physical impairments, or any other facts that in any manner limit the above named camper's participation.

Signed: _____ Date: _____

Please circle those illnesses or conditions that the camper has had: German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

Immunizations <i>(show dates)</i>	Allergies <i>(yes or no)</i>	Drug Reactions <i>(yes or no)</i>
Tetanus Toxoid _____	Hay Fever _____	Sulpha _____
Polio Vaccine _____	Asthma _____	Penicillin _____
Tuberculin Test _____	Eczema _____	Antibiotics _____
Measles _____	Insect Stings _____	Aspirin _____
Rubella _____	Other _____	Other _____
Mumps _____	Other _____	Other _____

Physician's Name: _____ Phone: _____

Health Insurance Information:

Carrier Name: _____ Policy Number: _____

Name of Policy Holder: _____ Holder's Date of Birth: _____

I, the parent or guardian of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking any action. I hereby waive and release the staff, camp management, university, and sponsors of the Jayhawk Summer Camp from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I further understand that Jayhawk Track Camps retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Signed: _____ Date: _____