



## Washington Track & Field Camps & Clinics

### Mail in Registration 2011 - 2012

The full tuition fee must accompany the mail in registration. Please make check payable to Washington Track Camps LLC and mail to: 17127 NE 83<sup>rd</sup> Ct, Redmond, WA 98052. Send check or money order, no cash. From Canada, only cashier checks or money orders in US funds are acceptable. Fill out all 3 pages and mail with payment or bring to the first night of clinic.

Circle Camp or Clinic you are registering for:

2011 Fall Clinics (Wednesday nights 11/2/11 - 12/7/11, excluding 11/23/11) - \$120.00

2011 Holiday Camp (Saturday 12/17/11- Sunday 12/18/11) - \$150.00

2012 Winter Clinics (Wednesday nights 1/4/12-2/22/12, excluding 2/1/12) - \$160.00

2012 Distance Training Workshop (Saturday 1/7/12) - \$50.00

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female      Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about camp \_\_\_\_\_

School \_\_\_\_\_

Events \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Applications must be received before camper may participate in clinics.

Please feel free to contact Jason Drake at 206-790-6824 [jd@washingtontrackcamps.com](mailto:jd@washingtontrackcamps.com) with any questions.

# Washington Track Camps LLC

## *Camps and Clinics 2011-12*

### Emergency Medical Release & Waiver

This page **MUST** be PRINTED, SIGNED, ACKNOWLEDGED, UNDERSTOOD and turned into the registration/check-in table on the first day of the applicable camp/clinic.

**Please complete the following:**

Camp/clinic attending: \_\_\_\_\_

Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Health-Care Providers:**

Name of participant's primary doctor(s):

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional health care provider(s) name(s) and contact numbers:

\_\_\_\_\_

**Medical Insurance Information:**

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**PRE-EXISTING MEDICAL CONDITIONS**

Has the camp participant had, or currently have, any of the following?

Concussions Y N Bone/Joint Injury Y N Surgery Y N Heart Condition Y N

Asthma Y N Epilepsy Y N Diabetes Y N Heat Illness Y N

If you answered 'yes' to any of the above questions please explain below:

\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any known allergies? Y N

If yes, please list allergies below:

\_\_\_\_\_  
\_\_\_\_\_

It is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.

Is there any other medical information we have forgotten to ask?

**REFUND POLICY:**

There are no refunds unless cancellation protection is purchased at the time of online registration. A future camp credit in the amount of the camp/clinic will be issued to anyone who does NOT purchase cancellation protection, AND notifies camp director in writing (email) no later than seven (7) full days prior to the start of a particular camp/clinic. Future camp credits will be good until August 1, 2012.

**ASSUMPTION OF RISK / RELEASE FROM LIABILITY:**

I, the undersigned, as the legal parent or guardian of the above named registrant hereby acknowledge that the camper named above is covered by medical insurance as stated on the registration. It is further understood that the *University of Washington* does not provide medical insurance covering injuries of any nature incurred at any of the 2011-12 Washington Track Camps & Clinics conducted by Washington Track Camps, LLC. The undersigned hereby releases WASHINGTON TRACK CAMPS, LLC and the *University of Washington*, its successors, assigns, officers, agents and employees, from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the above named child in any of the 2011-12 *Washington Track Camps*.

**CONSENT FOR TREATMENT OF A MINOR:**

I, the undersigned, authorize the staff of WASHINGTON TRACK CAMPS, LLC to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp, it's staff, and the University of Washington, it's successors, assigns, officers, agents and employees from any and all liability for any injuries or illness incurred while at camp/clinic. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp/clinic. I am bound to hold the Health Center, UW Medical Center and its' physicians harmless from any and all consequences of such treatments, diagnosis or surgery that these duties are performed with ordinary care and to the best of their ability.

**I have read and agree to the terms of both the “Consent for Treatment of a Minor” and “Assumption of Risk / Release from Liability”.**

Parent /Guardian Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

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