



Thank you for your interest in The Running School Camp. You will gain running strength and the necessary skills to keep you ahead. Please take the time to make sure you have all the necessary items listed below when submitting your application.

APPLICATION CHECKLIST

Please send these items by August 1st

- Parent Consent & Emergency Contact Information Form (*page 3*)
- Camper Physical Exam Form (*page 4*)
- Copy of Medical Insurance Card



REGISTRATION FORM

Total Summer Mileage Anticipated _____

Name _____ DOB ___/___/_____
Grade as of Fall 10 _____ Sex _____ Shirt Size _____ Shoe Size _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Parent's Phone (____) _____

Phone (____) _____

School _____ Coach _____

Circle events and list best times for

400m _____

200m _____

800m _____

1500m _____

1600m _____

3000m _____

3200m _____

Please list best cross-country

Course _____

Time _____

Distance _____

Each camp season, we update our website with professional pictures and video of our wonderful campers in action. A gallery will be posted for all campers and coaches to view and share.

I do not give The Running School permission to use my picture on the website or promotional materials.

Signature of parent or guardian _____ Date _____

The Running School Camp: \$575.00

Round Trip: \$110.00

One Way To Camp: \$70.00

One Way From Camp: \$70.00

Varsity Club: \$100.00

**Print, Complete and Mail out this form with
a check or money order for a deposit of \$300.00**

Make check out to: The Running School Inc. and sent to 26 Adams Street, Oyster Bay, NY 11771

Parent Consent & Emergency Information

PARENT SECTION: Completed and signed by parent/guardian

Please PRINT

Name of Camper _____ Social Security # _____

ADDRESS:

No & Street	City	State	Zip
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Date of Birth: ____/____/____

AGE: _____

Home Telephone (____) _____ Work Mother/Father (____) _____

Physician Name: _____

Office Telephone (____) _____

If the child brings **prescription medicine** from home, the parent or guardian must submit written authorization for the administering of the medications. Prescription medications for campers will be stored and the infirmary staff will observe self-administration of the medicines.

This is to certify that the above camper has my permission to participate in all regular camp and swimming activities. I am aware of the physical nature and stresses required by the activities of this camp. I further certify that a physician has examined my child or ward and I have been advised that my child or ward is approved to participate in this camp's activities. In the event of an emergency, I give permission to the infirmary staff on duty to hospitalize, secure proper treatment for, and to order x-rays, medication including intravenous medication and/or surgery for this camper. The parent/guardian accepts responsibility of payment for medical bills.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN NAME, Please Print: _____

ADDITIONAL EMERGENCY CONTACTS- Please Print

Name _____ **Relationship** _____

Home Telephone (____) _____ **Work Phone (____)** _____

MEDICAL INSURANCE INFORMATION (PLEASE ATTACH COPY OF INSURANCE CARD)

COMPANY NAME _____

POLICY # _____ **TELEPHONE (____)** _____

Camper Physical Exam

Please return this form by August 1st.

The Running School **requires all students** attending camp to have a **Physical Exam** within **3 months of attending**. Signed medical release, health history, immunization record, and insurance information must be on file for campers to participate. **No forms. No running until forms on file.** (The camp must comply with regulations of the NY Health Department and be licensed by the local board of health).

CAMPER NAME _____
LAST NAME
FIRST NAME
SCHOOL

PHYSICIAN SECTION: PLEASE HAVE MEDICAL EXAMINER COMPLETE THIS SECTION

IMMUNIZATION RECORD – Please give **MONTH/YEAR** of last occurrence of clinical disease (or enclose copy of

immunization record)

DTP: _____ OR	MMR _____ OR	Polio _____	HIB _____
Diphtheria _____	Measles _____	Influenza _____	
Pertussis _____	Mumps _____	Chicken Pox _____	
Tetanus _____	Rubella _____	Hepatitis B _____	

MEDICAL HEALTH HISTORY – Please mark **PAST/CURRENT** medical issues with **DATES of OCCURANCE**

	Yes	No		Yes	No		Yes	No
Anemia			Asthma, Hay Fever			Chicken Pox		
Concussion			Diabetes			Ear Infection		
Eczema			Epilepsy			Contacts/Glasses		
Fainting			German Measles			Heart Disease		
Hepatitis			Hernia			Kidney Disease		
Measles			Migraine			Mononucleosis		
Mumps			Pneumonia			Rheumatic Fever		
Scarlet Fever			Sinusitis			Stomach Disorders		
Tonsillitis			Tuberculosis					

OPERATIONS: _____

RECENT ILLNESS (Previous 3 months) _____

INJURIES: _____

State **ALL MEDICATIONS** person is currently taking _____
 Medication which may be needed at camp? ___Y ___N please

Specify: _____
 Prescription Medication to be dispensed _____

With signed consent of the parent and physician, prescription medication for the camper will be stored and the infirmary staff will observe self-administration of the medicines.

Is the child permitted over-the-counter drugs ___Y ___N Please specify: _____

List **ALLERGIES** to drugs and/or foods: _____

Is the child allergic to any medication? ___Y ___N Specify: _____

Is the child allergic to bee stings? ___Y ___N Specify: _____

Other allergies: ___Y ___N Specify: _____

MEDICAL RELEASE: I have examined this child and he / she is physically able to participate in all of the Running Schools activities and in addition, I authorize the Running School to store and observe the self-administration of above listed medications.

Signature of Medical Provider _____ **Date** _____