

CAMPER'S NAME: _____

2009 NORDIC SKI CAMP AT COLBY COLLEGE

HEALTH & RELEASE FORM

► BRING THIS FORM WITH YOU TO CAMP ◀

(You will not be admitted to camp without a completed and signed Medical form.)

Gender: M/F Date of Birth: _____ Age: _____ Weight: _____ Height: _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ E-Mail _____
Parent phone number while named camper is at camp, if different from above () _____
Person to contact if I cannot be reached _____
Phone number of emergency contact person () _____

HEALTH & GENERAL HISTORY

If the camper will be taking medication at camp, please indicate name of drug and usage:

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health, adequately trained, and fully able to participate in all activities at the Nordic Ski Camp at Colby College. I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in the Nordic Ski Camp at Colby College.

Parent/Guardian Signature: _____ Date: _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____
Policy Number _____
Policy Holder Name: _____
Policy Holder Date of Birth: _____

I, the parent/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 this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at the Nordic Ski Camp at Colby College. My medical insurance shall be the insurance coverage for any medical treatment.

I understand that the Nordic Ski Camp at Colby College retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

Signed _____ Date _____