



GO FAST RUNNING PARENTAL CONSENT FORM

Please complete this form and have your child bring it to the first day of camp

No camper will be able to participate without this form

Registration:

Participant's Full Name: _____
 Parent/Guardian Full Name: _____
 Gender: _____ Date of Birth: _____ Age: _____
 Street Address: _____
 Apt#: _____ City: _____ State: _____ Zip Code: _____
 Work Phone #: _____ Parent/Guardian Email: _____
 Home Phone#: _____ Cell Phone#: _____

Shirt Size: Youth - Sm Md Lg Adult – Sm Md Lg Xl XXL

Select a Go Fame Camp: *Make Checks Payable to Go Fast Sports Performance*

- ____ Go Fast Elite Running Camp June 19 – 23 \$199
- ____ Go Fast Youth Running Camp June 21 – 23 \$99

Waiver/Release:

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper) who is attending camp June 19-23, 2017/June 21-23, 2017. I hereby give permission for the camp staff to seek appropriate medical attention for my camper during the camp, for the medical attention to be given to my camper, and for my camper to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment needed for my son/daughter.

I, the undersigned, understand that running is an active, physical sport and that injuries can and will take place during participation at camp. I also understand that there will be more campers than camp staff and that my son/daughter can not receive individualized attention and individualized supervision all of the time. I hereby acknowledge that our child is physically fit and mentally capable to participate in the different sessions that will take place at camp.

I waive, release, and forever discharge Derek Shockro, Harrison Bernstein, Go Fast Camps, Go Fast Sports Performance LLC and the Cape Henlopen School District and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising from or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at camp.

I give permission for the Go Fast Running Camp to take photographs of my son/daughter while engaged in camp activities for the sole purpose of advertising and publicity and I understand that his/her identity will remain anonymous in conjunction with any photograph used in marketing.

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.

| | | |
|---------------------------|-------|--------------|
| X _____ | _____ | _____ |
| Parent/Guardian Signature | Date | Printed Name |
| X _____ | _____ | _____ |
| Parent/Guardian Signature | Date | Printed Name |

EMERGENCY CONTACT INFORMATION

Home Phone # () _____ Contact Name _____

Work Phone # () _____ Contact Name _____

Emergency Phone # () _____ Contact Name _____

Cell Phone # () _____ Contact Name _____

ADDITIONAL MEDICAL ATTENTION

Please list any allergy/ special medications, EpiPen's, etc that the camp should be aware of:

INSURANCE INFORMATION

Ins. Co. Name _____ Policy # _____ Group # _____

Policy Holder's Name _____ Relationship to Camper _____

Insurance Co Phone # for Pre-Authorization # () _____