



# 2018 Cowtown® C.A.L.F. Running Camp

## Registration

\$95/Child

\$75/Grant Recipient

**\* New Location--Cowtown Marathon (2617 Whitmore, Fort Worth)**

**Date of camp** (Please Circle one):      June 11-15      June 18-June 22

**Name:** \_\_\_\_\_  
                            First Name                                      Middle Initial                                      Last Name

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Age:** \_\_\_\_\_      **Gender:**    Male    Female

**Grade Level for 2018-2019:**    2    3    4    5    6      **T-Shirt Size:**    YM    AS    AM    AL    AXL

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip Code:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_      **Phone Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_      **Relation:** \_\_\_\_\_

**Please List who will be picking the child up from camp.**

\_\_\_\_\_  
Name                                      Driver's License                                      Phone Number

**Waiver:** By signing this form, I acknowledge that my child has no physical limitations that would prevent him/her from participating in physical activities and that all information listed above is accurate to my knowledge. In the event of an emergency that requires medical care, I authorize camp staff the ability to obtain the appropriate and necessary medical care. I waive and release camp staff from liability of any claim of damages that my child or I may have from injuries that may be sustained at camp. Additionally, I acknowledge that my child may be photographed. Any photos or videos taken at camp may be used for marketing purposes on social media, in print, or on our website. No royalties will be paid for any photographs used.

**Parent Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Please Complete the Medical and Physical Activity Questionnaire on the back.**

## Medical and Physical Activity Questionnaire

Instructions: Please read each question and answer to the best of your knowledge. Please explain any of the questions you respond “yes” to except for question 1 and 18.

	Question	No	Yes	Explain
1	Are your child’s immunizations current?			
2	Has a doctor ever denied or restricted participation in physical activity?			
3	Does your child any chronic medical conditions? (Asthma, diabetes, seizures, etc.)			
4	Is your child taking any prescription or over the counter medicines?			
5	Does your child have any allergies to food, medicines, pollens, or insect stings (bee)?			
6	Has your child passed out during or after exercise?			
7	Has a doctor ever said your child has a heart murmur or ordered a test for their heart such as an echocardiogram (EKG)?			
8	Do your child have or have ever had pain, pressure, or discomfort in their chest during exercise?			
9	Does your child cough, wheeze, or have difficulty breathing during exercise?			
10	Does your child currently have any condition or injury that would prevent them from participating in physical activity?			
11	Has your child ever had a head injury, concussion, or seizure?			
12	Does your child have headaches with exercise?			
13	When exercising in the heat does your child have severe muscle cramps or become ill?			
14	Does your child have any problems with their vision or eyes?			
15	Has your child ever had a fracture or dislocation?			
16	Does your child require an inhaler, epi-pen, or some other medical device?			
17	Does your child have any restrictions to being outside for long periods of time?			
18	Does your child regularly participate in physical activity? Please describe.			

Does your child have any other allergies, medications, limitations, or special concerns we should be aware of?

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**Note: We will be spending much of the day outdoors.**

**Wavier:** By signing below, I verify that my child is able to safely participate in outdoor physical activity and that the above questions have been answered to my best knowledge. I understand that there are a number of risks associated with physical activity and authorize camp staff to act for me/my child in the event of an emergency requiring medical attention/service. I release The Cowtown Marathon from any and all liability for any injury or illness that may occur at camp.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_