

# CONNECTICUT RUNNING CAMP

In order to provide the safest and most comfortable experience for all involved, Connecticut Running Camp needs some information regarding medical history and insurance coverage. In addition to filing out the form below, please note any concerns you think we should be aware of on back. Please return this form via mail, email or bring to camp on the FIRST day. If you choose to bring the form to camp, please remember that no one can participate without this form being completed.

Thank You,  
Peter Oviatt, Brian Graca  
Camp Directors

Mail to:  
CT Running Camp  
140 Bailey Road  
Rocky Hill, CT 06067-2212

## Personal Insurance Info:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone #: \_\_\_\_\_

In case of an emergency, does CT Running Camp management have permission to send your child via ambulance to a nearby hospital (please circle)    yes    no

If so, what is your **hospital of preference**? \_\_\_\_\_

Parent or Guardian Signature Authorizing emergency care as per above:

Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_

**Allergies or Illnesses:** (Please note if your child will be bringing medication with them)

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Snacks will be provided for campers. Due to allergies, intolerances or other preferences, is there any food or drink that should be avoided? If so, please list here:

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

Please provide **emergency contact info** which can be reached between the hours of 8:00AM - 3:00PM:

Emergency Contact #1:

Emergency Contact #1:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_