



REGISTRATION APPLICATION ENROLLMENT FORM

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Parent/Guardian: telephone: _____ email: _____ name: _____

Age: _____ Gender: M / F Graduation Year: _____ School _____

Adult T-Shirt Size _____ Cross Country Coach's Name: _____ Email: _____

Transportation or Not (please circle one):

Location: West Nyack Fishkill Fox Lane HS Long Island No bus needed

WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in this Stroudsburg Cross Country Camp (hereafter "camp"), including by way of example and not limitation, any risk that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned or maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this camp. I acknowledge that this Accident Waiver and Release Form will be used by the organizers of this camp in which I may participate and that it will govern my actions and responsibilities at said camp.

In consideration of my application and permitting me to participate in this camp, I hereby take action for myself, my executors, administrators, heirs, next of kin successors and assigns as follows:

A. I waive, release and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this camp. The following entities or persons: Stroudsburg Cross Country LLC, all coaches, employees, volunteers, and property owners and operators associated with and/or working for Stroudsburg Cross Country LLC.

B. I indemnify, hold harmless, and promise not to sue the entities or person mentioned in the paragraph from any and all liabilities or claims made as a result of participation in this camp.

C. I acknowledge that this camp may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by Covid-19 or other illnesses, terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, and coaches.

D. I consent and agree that Stroudsburg Cross Country Camp and/or their coaches, agents, representative, or volunteers may take photographs or digital recordings of me as a participant during this event and to use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims, or interest and I understand that there will be no financial or other remuneration.



STROUDSBURG
CROSS COUNTRY CAMP

E. I understand that it is my responsibility to follow camp, local, state and federal guidelines in regards to the Covid-19 pandemic, and that I will not be eligible for a refund if I am required to leave or miss camp because I fail or refuse to follow said guidelines.

The accident waiver, release of liability, and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT ABOVE AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's First and Last name (Print): _____ Age: _____

Participant's signature _____ Date: _____

As the **parent/guardian** I offer my consent for _____ (athlete) to participate in this camp and agree to all waivers and consents listed above.

I CERTIFY THAT I HAVE READ THIS DOCUMENT ABOVE AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian's First and Last Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____



MEDICAL RELEASE FORM

Camper's Name: _____ Age _____ Date of Birth: _____ Ht. _____ Wt. _____

Camper's Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Gender: M / F

Emergency Contact #1 Name: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact #2 Name: _____ Relationship: _____

Phone: _____ Email: _____

Physician's Name: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy Number: _____

Medical History

- Are there any medical problems that may be cause for concern while involved in distance running training?
_____ If so, list the problems and be specific.

- List allergies and describe reactions (including bee stings, poison ivy, etc.)

- Is the athlete on any medication? _____ If so, list the medication(s).

- Do you have any dietary restrictions? Please explain and be specific.

- Any additional information relevant that we should know:

I, the Parent/Guardian of _____ verify that all the information on this form is correct and give consent for immediate emergency medical treatment, if necessary.

Parent/Guardian Signature: _____

These forms must be completed and mailed to:

**C/O Marc Rosado
Stroudsburg Cross Country Camp
72 Spar Drive
Mastic Beach, NY 11951**