



2010 SUMMER TEAM CAMP REGISTRATION FORM

Please return with payment (check made out to Edina Boys Cross Country) to Jamie Kirkpatrick in person or mail to:

Jamie Kirkpatrick - Edina High School
6754 Valley View Road
Edina, MN 55439

Name: _____ Grade: _____

T-Shirt Size (circle one): S M L XL

Home Phone: () _____ Date of Birth: _____

E-mail Address: _____

Emergency Contact: _____ Emergency Phone: () _____

Athletic Insurance Waiver and Insurance Information

We have insurance and recognize that the School District #273, Edina High School and Edina Cross Country have no liability for injuries resulting from participation in this training program/training camp and that the school does not carry insurance to cover expenses incurred through injuries in this program. We the undersigned thereby release the School District, Edina High School and Edina Cross Country from any claims and demands in connection with athletic injuries suffered by the student below.

Health Insurance Company: _____

Policy Number: _____

Hospital in Case of Emergency: _____

Injuries, Illnesses, other Conditions: _____

Known Allergies: _____

Medications: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

By signing below, I give Edina Cross Country permission to photograph my child at Summer Training and/or Camp activities. I understand the photos will be used exclusively by Edina Cross Country.