REGISTRATION FOR 2008 RUHS SUMMER RUNNING CAMP

Name	School: REDONDO UNION HIGH SCHOOL	
(please print) Grade Ma	ale Female	
	City	
• • •	Emergency Phon	
In case of an emergency, pl	lease notify:	
	,	(name)
Address Any allergies, sensitivities t	to foods or medications?	Phone
Date of last Tetanus Shot	Currently taking ar	ny medication? Yes / No
Family Doctor:	Telephone: (_)
Address	City	Zip
	istration form, (2.)behavior contra David Dill 932 S. Juanita Avenue Redondo Beach, Ca 90277 (310) 540-7005 (310) 894-1855 cell ff at the above address or give to 0	7
Camp begins: Sund	day August 3, 2008 Camp end	s: Friday, August 8, 2008
California on the dates indicated ab and release forever any and all righ RUHS Cross Country/Track Booste representatives, successors or assi out of or in any way connected with all related events or activities, include If I am under eighteen (18) years	pove, I hereby for myself, my heirs, executs, claims or causes of action whatsoever Club, the adult counselors and coacheigns for any injury, death, or property dar	er that I may now or hereafter have agains attending said camp, or their nage that may be suffered by me arising IS Cross Country/Track Booster Club, and signed below as well to indicate their
Signature in full	date	

date

Parent's signature if under 18 years of age