REGISTRATION FOR 2009 RUHS SUMMER RUNNING CAMP

Name	School: <u>REDON</u>	School: REDONDO UNION HIGH SCHOOL	
	ale Female		
Address	City	Zip	
Home Phone: ()	Emergency Phone: ()	
In case of an emergency, pl	lease notify:		
Address	to foods or medications?	Phone	
Date of last Tetanus Shot_	Currently taking any m	nedication? Yes / No	
Family Doctor:	Telephone: ()	
Address	City	Zip	
Mail completed (1.) <u>rec</u>	ayable to RUHS CROSS COUNTRY/I gistration form, (2.)behavior contract a David Dill 932 S. Juanita Avenue Redondo Beach, Ca 90277 (310) 540-7005 (310) 894-1855 cell o drop off at the above address or give	nd (3.) <u>payment in full</u> to:	
Camp begins: Sund	day August 2, 2009 Camp ends: F	<u>riday, August 7, 2009</u>	
Lake, California on the dates indica waive and release forever any and against <u>RUHS Cross Country/Track</u> representatives, successors or assiout of or in any way connected with <u>Club</u> , and all related events or activities.	to the RUHS SUMMER RUNNING CAMP to ated above, I hereby for myself, my heirs, exertall rights, claims or causes of action whatsoe k Booster Club, the adult counselors and coactigns for any injury, death, or property damage in the RUHS SUMMER RUNNING CAMP and writies, including traveling to and from said camp fage my parent or legal guardian has signed	cutors, administrators and assigns ver that I may now or hereafter have ches attending said camp, or their that may be suffered by me arising RUHS Cross Country/Track Booster p.	
	above provisions. Parents hereby agree the		
Signature in full	date		

date

Parent's signature if under 18 years of age