# **JAYHAWK T&F and XC CAMP - REGISTRATION FORM (July 5-9, 2020)**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Camper phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Shirt Size**: \_\_\_ (*adult XS-S-M-L-XL-2X*)

**Camper E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One:** Boy or Girl **Circle One:** Track & Field or Cross Country

**Year in School (2020-21)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in Track & Field / XC \_\_\_\_\_\_\_\_\_\_\_\_

In what other sports do you participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Event Area (circle one):** -Sprints- -Hurdles- -Pole Vault- -High Jump- -Mile or Longer- -Cross Country- -Long/Triple Jump- -Middle Distance- -Shot Put- -Javelin- -Discus-

What are your goals for the upcoming season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What do you hope to accomplish this week in camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents or Guardians Name/s**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One:** Day Camper or Overnight Camper

# **ROOMMATE REQUEST**

If you have a roommate request, please return this form to us before **June 26, 2020**. After that, we cannot confirm roommate requests.

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

 Camper's Name Camper’s Age

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

 Name of First Roommate RequestedName of Second Roommate Requested

**Office use only:**

Deposit \_\_\_\_\_\_\_\_\_\_\_ ck#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance \_\_\_\_\_\_\_\_\_\_\_ ck#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discount: Team \_\_\_ Family \_\_\_

Key Deposit \_\_\_\_\_ ck#\_\_\_\_\_\_\_\_\_\_\_

Shuttle Fee \_\_\_\_\_\_ ck#\_\_\_\_\_\_\_\_\_\_\_

Health Form\_\_\_\_\_\_\_

**Before June 26, 2020, detach and mail to:**

**Jayhawk Track Camps**

**1651 Naismith Dr**

**Lawrence, KS 66045**

Or fax to 785-864-5525

**Please list your personal bests:**

100m \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Long Jump \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

200m \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Triple Jump \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

400m \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High Jump \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

800m \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pole Vault \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1600m/Mile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shot Put \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3200m/2 Mile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

100/110 Hurdles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Javelin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

300/400 Hurdles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5,000m \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10,000m \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

# **TRAVEL FORM (If not arriving by car)**

If your child **will not be arriving by car**, please fill out this form and return it to us as soon as possible. We must receive this completed form in our office no later than **June 30, 2020**. Kansas City International Airport is approximately 50 miles from campus (45 min drive). We will send a camp staff member to pick up and drop off a camper for an **additional fee of $25 each way. *If paying by check, please make check payable to "Jayhawk Track Camps" and have your child bring it to camp.***A camp staff member dressed in camp clothing will be there to meet your child with their name on a sign. Don't forget to give your child the camp phone number while traveling alone (785-691-8138).

**Please try to have flights arrive between 11 am** – **2 pm on Sunday and depart 1- 3:00 pm on Thursday.**

**If you need pickup, please detach the completed form below and return it by June 30, 2020 to: Jayhawk Track Camps, 1651 Naismith Dr, Lawrence, KS 66045 or fax to (785) 864-5525.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper's Name Camper cell number

**TO CAMP:**

Arriving by: Air Train Bus (*circle one)*

Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Departure City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Airline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_

Connecting Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FROM CAMP:**

Departing by: Air Train Bus (*circle one)*

Departing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Arrival City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Airline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_

Connecting Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BRING THIS FORM WITH YOU TO CAMP CHECK – IN**

**JAYHAWK SUMMER CAMP HEALTH & RELEASE FORM**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: Boy / Girl Age: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any activities in which the above camper should not participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there any medical conditions that will require special attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please list any prescription medications that the camper is currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I hereby certify that the above named camper is physically able to participate in the Jayhawk Summer Camp and that I know of no restrictions, physical impairments, or any other facts that in any manner limit the above named camper’s participation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle those illnesses or conditions that the camper has had:** German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

**Immunizations Allergies Drug Reactions**

*(show dates) (yes or no) (yes or no)*

Tetanus Toxoid \_\_\_\_\_\_\_\_\_\_ Hay Fever \_\_\_\_\_\_\_\_\_\_\_ Sulpha \_\_\_\_\_\_\_\_\_\_\_\_\_

Polio Vaccine \_\_\_\_\_\_\_\_\_\_\_ Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_ Penicillin \_\_\_\_\_\_\_\_\_\_\_\_

Tuberculin Test \_\_\_\_\_\_\_\_\_ Eczema \_\_\_\_\_\_\_\_\_\_\_\_\_ Antibiotics \_\_\_\_\_\_\_\_\_\_\_

Measles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insect Stings \_\_\_\_\_\_\_\_\_ Aspirin \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rubella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Information:**

Carrier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Holder’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking any action. I hereby waive and release the staff, camp management, university, and sponsors of the Jayhawk Summer Camp from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I further understand that Jayhawk Track Camps retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_