



## CLAREMONT RUNNING TEAM YOUTH INSURANCE INFORMATION

I, \_\_\_\_\_, warrant and acknowledge that I am the parent or legal guardian of the RUNNER ("RUNNER"), or STUDENT VOLUNTEER, a minor under age 18, for whom this insurance information covers. To participate in programs and events, I acknowledge that insurance information must remain current.

This Waiver and insurance information is for (check only one): PARTICIPANT/RUNNER  ;  
STUDENT VOLUNTEER ;

Insurance / Emergency Information	Please Print Information Below
Name of Insured	_____
Medical Insurance Carrier	_____
Policy Number	_____
Physician Name	_____
Physician Contact Number	_____
Emergency Contact Name	_____
Relationship to Participant	_____
Contact Number	_____

PARTICIPANT/RUNNER'S or STUDENT VOLUNTEER'S Full Name: (please print neatly)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

PARTICIPANT/ RUNNER'S or STUDENT VOLUNTEER'S Birthday: M \_\_\_\_\_ / D \_\_\_\_\_ / Y \_\_\_\_\_

Parent/Guardian's or PARENT VOLUNTEER'S Full Name (please print neatly)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Parent/Guardian's Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(Please print, sign, scan, and email completed information to: [ChildSafety@ClaremontRunning.org](mailto:ChildSafety@ClaremontRunning.org))**