



DISTRICT OR-1

PALMYRA JUNIOR-SENIOR HIGH SCHOOL--BENNET ELEMENTARY
P.O. BOX 130 PALMYRA, NE 68418 402-780-5327 www.districtor1.org

Robert Hanger
Superintendent

David Bottrell
Secondary Principal

Linde Walter
Elementary Principal

Aaron Hoeft
Activities Director

Parent Agreement, if this application is accepted, the applicant promises to abide and conform to the regulations of the (District OR-1 Sport or Activity). We, the parents or guardians of _____ a minor, Do hereby authorize the(District OR-1 Sport or Activity) staff to treat the above named child for any emergencies that may occur while participating in the (District OR-1 Sport or Activity). I understand that my child should not engage in this activity unless physically able to do so. I will be responsible for all medical bills incurred as a result of any accident for which medical treatment is necessary while the applicant is participating in(District OR-1 Sport or Activity) and which may arise out of my traveling to the camp or activity. If medical attention is required for injury or illness while in camp, we (or I) give our (or my) permission for such medical care. We also grant permission for (Camp Name and Sponsor) to use photographs of our child for publicity, advertising, or other commercial purposes. We also do not hold District OR-1 Palmyra/Bennet Schools, or anyone of its staff/administration, or any other(District OR-1 Sport or Activity) staff responsible for any injuries or accidents that may occur while my child is attending the (District OR-1 Sport or Activity).

Camp Name: Palmyra Cross Country Camp.

Address _____

City and Zip _____

Name of Camper _____ Registrant ID: _____

(from on-line registration)

Liability Release and Indemnity Agreement

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Insurance

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the company name, address, policy #, and policy owner. Accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Address _____

Owner _____ Policy # _____

Medical Information

Known Allergies _____ Asthma (Y/N) _____ Diabetes (Y/N) _____ Contacts (Y/N) _____

_____ Last Tetanus Shot/Booster _____ List of Current Medications _____

Medical Certification

This medical certification requires a doctor's signature OR the camper may use his/her current form required by his/her school (must be dated within one year of camp date).

I hereby certify that _____ is physically fit to participate in an active (District OR-1 Sport or Activity) during the days of the camp he/she has registered for and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

Together we prepare our students to successfully meet the challenges of the future.