



Medical Form

Camper's Registration will not be accepted without a completed and signed medical form by parents or guardian. Please return this form to address below, fax it to 970-382-8734 or bring it to the first day of camp.

Name _____ Birthdate _____ Sex _____ Age _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Social Security # (if you have one) _____

Name of Legal Parent or Guardian (please designate) _____
Address if different from above _____

Business or Cell Telephone (father) _____ (mother) _____

For emergency if parents or guardian are unavailable:

1. Name _____ Telephone _____
2. Name _____ Telephone _____

Medical insurance company name _____

Address _____

Policy # _____ Insurance company telephone # _____

Credit Card # _____ Exp. Date _____ (for emergency medical care only)

Camper's doctor _____ Telephone _____

Camper's dentist _____ Telephone _____

Orthodontist _____ Telephone _____

If, in the opinion of a properly licensed and practicing physician, my (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, we hereby authorize, appoint, and empower Durango Mountain Bike Camp, Inc. to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and to release any records necessary for insurance purposes; and to provide or arrange necessary or related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. (I/we) release Durango Mountain Bike Camp, Inc. from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian _____ Date _____

Restrictions _____

I also understand and agree to abide by any restrictions placed on my camp activities by my parents or doctor.

Signature of camper _____ Date _____

Durango Mountain Bike Camp – 4166 County Road 203- Durango, Colorado 81301 USA
970-385-0411 - fax 970-382-8758

www.durangomountainbikecamp.com or info@durangomountainbikecamp.com