

InStep Long Distance Running Camp  
Registration Form

T-Shirt Size:        (S)                (M)                (L)  
(Circle One)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_

Grade 2008-2009 \_\_\_\_\_ School 2008-2009 \_\_\_\_\_

Birth date \_\_\_\_\_ 5k or 4k Personal Record \_\_\_\_\_

Expected Weekly Mileage prior to Start of Camp (Aug 3, 2008) \_\_\_\_\_

Roommate Request \_\_\_\_\_

Send To:  
InStep Physical Therapy and Performance Footwear  
1516 W Mequon Rd, Suite 201  
Mequon, Wi 53092

**InStep Long Distance Running Camp  
MEDICAL HISTORY QUESTIONNAIRE**

**NAME:**

**SPORT:**

**DATE OF BIRTH:**

**SEX:**

**EMERGENCY CONTACT:**

**PHONE NUMBER:**

**Please circle 'yes' or 'no' and provide additional details as requested on *both sides* of the form. All information is confidential.**

NO YES                      Are you allergic to any medications? (Aspirin, penicillin, sulfa, etc.) Please list:  
\_\_\_\_\_

NO YES                      Are you allergic to any foods? Please list  
\_\_\_\_\_

NO YES                      Are you allergic to insect bites/stings? Please list  
\_\_\_\_\_

NO YES                      Are you allergic to any trees, plants, or animals? Please list  
\_\_\_\_\_

NO YES                      Do you regularly take any over the counter and/or prescription medication?  
(steroids, birth control pills, anti inflammatories, antibiotics, topical  
medications, sprays/inhalers, etc.) Please give reasons:  
\_\_\_\_\_

NO YES                      Do you regularly take any vitamins, minerals, herbs, or other supplements?  
Please list \_\_\_\_\_

NO YES                      Have you ever been told that you have (had) asthma or exercise induced  
asthma? List medications  
\_\_\_\_\_

NO YES                      Have you ever had a seizure? Date of last seizure  
\_\_\_\_\_

NO YES                      Have you ever been told that you have epilepsy? List medications  
\_\_\_\_\_

NO YES                      Are you presently being treated for diabetes or high blood sugar? List  
medications \_\_\_\_\_

NO YES                      Have you ever been told that you were anemic? List dates  
\_\_\_\_\_

NO YES                      Have you ever been told that you have sickle cell anemia?

NO YES                      Have you ever been told that you have sickle cell trait?

- NO YES Are you presently being treated for high blood pressure? List medications  
\_\_\_\_\_
- NO YES Do you have or have you ever had heart disease? (murmur, rheumatic fever, stenosis) List condition and dates  
\_\_\_\_\_
- NO YES Do you have or have you ever had lung disease? (pneumonia, tuberculosis, etc.) List condition and dates  
\_\_\_\_\_
- NO YES Do you have or have you ever had kidney disease? (infections, kidney stones, blood in urine, etc.) List condition and dates  
\_\_\_\_\_
- NO YES Do you have or have you ever had liver disease (mononucleosis, hepatitis, etc.)? List condition and dates  
\_\_\_\_\_
- NO YES Do you have or have you ever had stomach disease (ulcers, bleeding, etc.)? List condition and dates  
\_\_\_\_\_
- NO YES Do you have or have you ever had frequent headaches? (migraines, tension headaches) List condition and dates  
\_\_\_\_\_
- NO YES Do you or have you ever had a hernia or "rupture"? List dates, if repaired \_\_\_\_\_
- NO YES Have you ever been knocked out or had a concussion or other closed head injury? List dates \_\_\_\_\_
- NO YES Have you ever stayed overnight in a hospital due to a concussion or closed head injury? List dates  
\_\_\_\_\_
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your neck that disabled you for a week or longer? List injury/dates  
\_\_\_\_\_
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your upper back that disabled you or a week or longer? List injury/dates  
\_\_\_\_\_
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your low back that disabled you for a week or longer? List injury/dates  
\_\_\_\_\_
- NO YES Have you ever had a broken bone or fracture? R or L List bone/dates  
\_\_\_\_\_
- NO YES Have you ever had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? R or L List injury/dates  
\_\_\_\_\_

- NO YES Have you ever had shoulder surgery? R or L What was done/why?  
Date\_\_\_\_\_
- NO YES Have you had an elbow injury that disabled you for a week or longer? (dislocation, sprain, etc.) R or L List injury/dates  
\_\_\_\_\_
- NO YES Have you ever had elbow surgery? R or L What was done/why?  
Date\_\_\_\_\_
- NO YES Have you had a wrist or hand injury that disabled you for a week or longer? (dislocation, sprain, etc.) R or L List injury/dates  
\_\_\_\_\_
- NO YES Have you ever had wrist or hand surgery? R or L What was done/why?  
Date \_\_\_\_\_
- NO YES Have you ever been told that you injured the patella, patellar tendon, or front part of your knee? R or L List injury/dates  
\_\_\_\_\_
- NO YES Have you ever been told that you injured the cartilage/meniscus in your knee?  
R or L List injury/dates  
\_\_\_\_\_
- NO YES Have you ever been told that you injured the ligaments in your knee?  
R or L List injury/dates  
\_\_\_\_\_
- NO YES Have you ever had knee surgery? R or L What was done/why?  
Date\_\_\_\_\_
- NO YES Have you had an ankle injury that disabled you for a week or longer? (sprain, strain, dislocation, etc.) R or L List injury/dates  
\_\_\_\_\_
- NO YES Have you ever had ankle surgery? R or L What was done/why?  
Date\_\_\_\_\_
- NO YES Do you presently have a rod, pin, screw or plate anywhere in your body? Where?  
Date\_\_\_\_\_
- NO YES Do you wear contact lenses while participating in your sport?
- NO YES Do you wear any removable dental appliance? (circle those which apply)  
REMOVABLE RETAINER REMOVABLE BRIDGE REMOVABLE PLATE
- NO YES Are you missing one of a set of paired organs (kidneys, eyes, testicles)? Specify
- NO YES Do you have any other conditions you wish to make us aware? Specify & give details.

**PLEASE GIVE THE DATES OF YOUR LAST IMMUNIZATIONS FOR:**

Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Influenza/Flu \_\_\_\_\_ Polio \_\_\_\_\_  
Rubella \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Mumps \_\_\_\_\_

**FEMALE ATHLETES ONLY**

NO YES Are you pregnant, or do you suspect that you may be pregnant? (If the answer is "YES", this does not necessarily preclude sport participation, however you must present clearance from a physician stating that sport participation will not be detrimental to the pregnancy.)

**DISABLED ATHLETES ONLY**

NO YES Please indicate your disability and how it occurred. What & when?

\_\_\_\_\_

**THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MYKNOWLEDGE.**

*SIGNATURE* \_\_\_\_\_ *DATE* \_\_\_\_\_

# InStep Long Distance Running Camp

## WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY TRAVEL, TRAINING, COMPETITION, MEETING OR TESTING SESSIONS. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ IT.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of **InStep Running and Walking Centers and Concordia University**, I acknowledge, appreciate and agree that:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, DISABILITY AND DEATH, AND while particular rules of my sport, equipment, and personal training and discipline may reduce this risk, THIS RISK OF INJURY DOES EXIST, AS WELL AS THE RISK OF DAMAGE TO OR LOSS OF PROPERTY;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,

4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS, and PROMISE NOT TO SUE THE INSTEP LONG DISTANCE RUNNING CAMP, CONCORDIA UNIVERSITY, OR ANY OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, VOLUNTEERS, STAFF, SPONSORS AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT, to the fullest extent permitted by law.

**I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

**Participant's Signature**

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**Participant's Name (Printed)** \_\_\_\_\_

**Date** \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Legal Guardian Name (Printed)**

\_\_\_\_\_

**PARTICIPANT CONSENT**  
**MEDICAL RELEASE**

I hereby give my consent for the InStep Long Distance Camp to provide athletic trainer services and other medical care and treatment, emergency medical services associated with my participation in the program conducted at this camp under the auspices of the InStep Long Distance Camp.

If the program in which I am participating includes psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at the InStep Long Distance Camp.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Participant Signature

**FOR ATHLETES OF MINORITY AGE**  
**(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **InStep Long Distance Running Camp at Concordia University.**

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian Name (Please Print)

**PARTICIPANT CONDUCT**

I consent to abide by the below described rules of conduct for guests of the InStep Long Distance Camp and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or University- banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Visitors (non-residents) are prohibited in the dormitory areas or on the premises.
4. Quiet hours are between 10:30 pm and 7:00 am daily.

5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
  - a. Any act considered to be offensive under federal, state or local laws, or a violation of University policies and procedures.
  - b. Gross misconduct (i.e inappropriate horseplay, theft, fighting, etc.).
    - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the InStep Long Distance Camp and the Concordia University facility.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Participant Signature

**FOR ATHLETES OF MINORITY AGE**

**(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the InStep Long Distance Camp at the Concordia University.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian Name (Please Print)