

Dear Parent or Legal Guardian:

The information below must be filled out and returned to the coaching staff. In the event of an injury, your child would be treated first by the coaching staff/chaperones and the Island Lake State Recreation staff. If an injury needs further medical attention, your child will be transported to the nearest medical facility (St. Joseph Mercy Brighton Health Center 810-844-7575), accompanied by either Coach Collins or Coach Vockler. As Head Coaches, we will make several attempts to reach you by phone. If unable to do so, we cannot act as a legal guardian without signature on form below.

I, \_\_\_\_\_, (name of parent/guardian) hereby give my permission to Timothy Collins or Paul Vockler to act as guardian with regard to the accident incurred by my child, \_\_\_\_\_ (name of athlete) during the Allen Park High School Cross Country Camp, August 20<sup>th</sup> – August 24<sup>th</sup>, 2023, in the event that I cannot be reached by telephone.

MY INSURANCE INFORMATION

Company \_\_\_\_\_

Policy# \_\_\_\_\_

Phone Number Contact \_\_\_\_\_

Alternative Phone Number \_\_\_\_\_

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PERMISSION SHEET FOR ALLEN PARK CROSS COUNTRY CAMP

My Child, \_\_\_\_\_ (First & Last name of student-athlete), has permission and approval to attend the Allen Park High School Cross Country Camp, August 20<sup>th</sup> – 24<sup>th</sup>, 2023, supervised by Timothy Collins, Paul Vockler, and Ms. Michelle Samson.

Student-athletes are expected to observe team & camp rules, as well as the Allen Park High School AND Athletic Codes of Conduct. **ANY student-athletes who deviate from these accepted standards will be sent home, upon notification of parents by phone. Additionally, the aforementioned individual will be removed from ALL team activities for the remainder of the 2023 season.**

In giving my consent, I relieve the Allen Park Public Schools and the Allen Park High School Country sponsors of any liabilities.

I have read this notice and agree to its provisions

\_\_\_\_\_  
Print name of Parent/Guardian above

\_\_\_\_\_  
Print name of Student-Athlete above

\_\_\_\_\_  
Signature of Parent/Guardian above

\_\_\_\_\_  
Signature of Student-Athlete above