



MEET DATE & LOCATION: 11.23.2019 - Grande Sports Academy, Casa Grande, AZ
STATES INCLUDED: CO - UT - NM - AZ - NV

Congratulations, you have been invited to compete in Casa Grande, AZ at Nike Cross Regionals for the Chargers XC Club!

Nike Cross Regionals is a premier cross country meet that serves as the national level championships for the United States. Sponsored by Nike, it was designed to heighten competition between high school cross country teams nationwide. You can now be a part of the elite tradition!

GENERAL TRAVEL INFO:

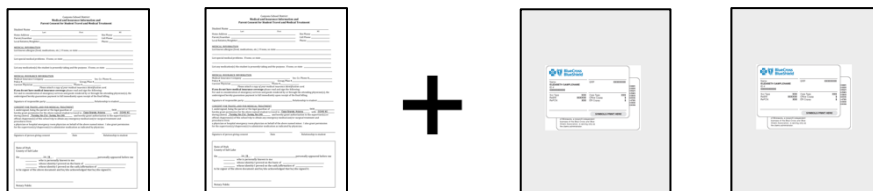
Dates: 4 Days – Thursday, Nov 21st – Sunday, Nov 24th

Travel: LeBus Charter Services

Hotel: Element Chandler Fashion Center – Chandler, AZ

If you are interested please fill out the following forms and return them to Coach Moody by Wednesday, Oct 16th.

1. Get both of the attached Medical & Insurance Forms Notarized



2. Attach two photo copies of your Insurance Card (if applicable)

Canyons School District
**Medical and Insurance Information and
Parent Consent for Student Travel and Medical Treatment**

Student Name _____
Last First MI

Home Address _____ Hm Phone _____

Parent/Guardian _____ Cell Phone _____

Local Relative/Neighbor _____ Phone _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

List special medical problems. If none, so state _____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Ins. Co. Phone # _____

Policy # _____ Group/Plan # _____

Current Physician _____ Phone # _____

Please attach a copy of your medical insurance identification card.

If you do not have medical insurance coverage please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of responsible party: _____ Relationship to student _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, undersigned, being the parent or the legal guardian of _____ DOB _____

hereby grant permission for the above named student to travel to _____ with _____

during (dates) _____ and hereby grant authorization to the supervisor(s) or official chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from

a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

Signature of person giving consent

Date

Relationship to student

State of Utah
County of Salt Lake

On _____, 20____, _____ personally appeared before me
_____ who is personally known to me
_____ whose identity I proved on the basis of _____
_____ whose identity I proved on the oath/affirmation of _____
to be signer of the above document and he/she acknowledged that he/she signed it.

Notary Public

Canyons School District
**Medical and Insurance Information and
Parent Consent for Student Travel and Medical Treatment**

Student Name _____
Last First MI

Home Address _____ Hm Phone _____

Parent/Guardian _____ Cell Phone _____

Local Relative/Neighbor _____ Phone _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

List special medical problems. If none, so state _____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Ins. Co. Phone # _____

Policy # _____ Group/Plan # _____

Current Physician _____ Phone # _____

Please attach a copy of your medical insurance identification card.

If you do not have medical insurance coverage please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of responsible party: _____ Relationship to student _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, undersigned, being the parent or the legal guardian of _____ DOB _____

hereby grant permission for the above named student to travel to _____ with _____

during (dates) _____ and hereby grant authorization to the supervisor(s) or

official chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from

a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

Signature of person giving consent

Date

Relationship to student

State of Utah
County of Salt Lake

On _____, 20____, _____ personally appeared before me

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of _____

to be signer of the above document and he/she acknowledged that he/she signed it.

Notary Public