

TEAM ELITE AQUATICS

Camper's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Home Address: _____

If the parent/guardian cannot be reached, who should be contacted in case of emergency?

Contact Name: _____

Relationship: _____

Phone Number: _____

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

NO YES DETAILS

Heart Murmurs _____

Irregular Pulse _____

Dizziness/Fainting _____

Nose Bleeds _____

Diabetes _____

Epilepsy/Seizure _____

Neurological Issue _____

Headaches/Migraines _____

Asthma _____

Inhalers (types) _____

Joint Injury/Surgery _____

Fractures _____

Muscle Injuries _____

Chicken Pox _____

Allergies _____

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Rx Medications (medication, dosage, indications, physician's name):

Have you ever sustained a head or spinal injury or lost consciousness? If yes, please explain injury and cause of injury:

Medical Form

Do you have other medical problems that could interfere with full participation in physical activities? If yes, please explain:

Physical Information

Vaccinations (please give dates of administration)

Tetanus-Diphtheria: _____ Measles/Mumps/Rubella: _____

I certify that _____ has been examined by a physician within the past year, and that he/she was found to be physically able to participate in vigorous physical activity and competitive athletic sports:

Parent/Guardian Signature: _____

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Insurance Information:

Policy Holder: _____

Policy Holder DOB: _____

Relation to Child: _____

Name of Group Employer:

Insurance Company:

Claim Office Phone Number: _____

Policy Number: _____

Insurance ID: _____

Group Number: _____

Policy Holder Signature: _____

Date: _____

I hereby authorize the directors and medical staff of Team Elite Aquatics Swim Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand that first aid procedures will be rendered by the medical staff, and campers will be transported to a hospital if necessary. I hereby waive and release Team Elite Swim Camp and staff for liabilities related to injury, illness, or expenses incurred. I know of no mental or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his/her attendance at camp. I have read the rules and regulations of camp and both the camper and I agree to abide by them.

Parent/Guardian Name (please print): _____

Parent Guardian Signature: _____

Date: _____

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Swimmer: _____

Age on 1st day of camp: _____

Years of competitive swimming: _____

Current Team/Club: _____

Current Coach: _____

How many swimming workouts per week? _____

Please fill in best times:

50 Free: _____ 50 Breast: _____

100 Free: _____ 100 Breast: _____

200 Free: _____ 50 Fly: _____

50 Back: _____ 100 Fly: _____

100 Back: _____ 100/200 IM: _____

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Waiver and Release

Please read this form carefully and be aware that by registering your child and having him/her receive instruction from the Camp coaches from June 9-11th 2017, you will be waiving all claims for injuries your child might sustain arising out of his/her instruction.

I recognize and acknowledge that there are certain risks of physical injury to recipients of instruction, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims against Team Elite Swim Camps & Coach David Marsh, its officials, agents, volunteers and employees that I or my minor child/ward may have (or may accrue to me or my minor child/ward) as a result of receiving instruction.

I do hereby fully release and forever discharge Team Elite Aquatics and Coach David Marsh from any and all claims for injuries, damages or loss that my minor child/ward or I have or which may accrue to me or my minor child/ward and arising out of, connected with or in any way associated with my child's receiving instruction.

I have read and fully understand the above waiver and release of all claims:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

Swim Camp Rules

Swimmers and parents should be aware of the following camp rules. Any violation of rules may result in immediate dismissal from camp without refund. Dismissed campers will be sent home at parent's expense.

GENERAL

Be respectful of other campers and individuals. Bullying or mistreatment of campers will not be tolerated.

Report all sickness or injury to coaches as soon as possible.

Stay on schedule at all times.

No smoking, drinking or drugs of any kind.

Do not move from one site to the next without a staff member.