

Fall Break Camp—Gym and Swim Camps at Sea Star Swim School: Theme: Star Wars

October 8-12, 2018 8:45 a.m.-1:00 p.m.

PLEASE PRINT LEGIBLY!

1st Camper's Name: _____ Sex: M F Age _____ 2nd Camper's Name: _____ Sex M F Age: _____

3rd Camper's Name: _____ Sex M F Age _____

Parents' Name: _____ City, State, Zip : _____

Email address: _____

Phone: _____ Work Phone _____ Cell Phone _____ How did you hear about us? _____

Session Price: First Camper \$190 Additional Campers \$185 each

Questions about camp???
Call Susan Flowers at 615-533-5163!

I have enclosed \$ _____ for _____ # children.

Method of Payment: Cash _____ Check _____ Make checks payable to **Gym and Swim.**

Payment in full is due at the time you submit the application for the first session attended. Please mail registration to: Gym and Swim at Sea Star Swim School, 127 Sanders Ferry Road, Hendersonville, TN 37075 or you may register in person at the Pro Shop at Sea Star.
Forms of payment accepted: Cash or Check ONLY—No Credit Cards!!!!!!

Medical History Form/Waiver and Release

The camper's custodial parent or guardian must complete the following information. The Please provide complete information so that the camp can be aware of any camper's special needs or to assist medical responders in the event of a medical emergency. Any changes to this form should be provided to camp staff upon participant's arrival at camp. The information on this form is not a part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Keep a copy of this completed form for your records.

Insurance Information: Is the participant covered by family medical/hospital insurance? _ Yes _ No

If so, indicate carrier or plan name: Group #: _____ Policy holder insurance ID number: _____

Carrier address: _____ City: _____ State: _____ Zip: _____

Name of insured: _____ Relationship to participant: _____

Physician's Name: _____ Physician's Phone: _____ Hospital of _____

Choice: _____

Does your child have any MEDICAL CONDITIONS, allergies, physical limitations, health limitations that should be considered? _ Yes _ No

If yes, please explain _____

Parent/Guardian Authorization

In case of an accident or illness, Sea Star Swim School/Camp Gym and Swim is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the camper's parents immediately. I understand the related expenses for any medical attention will be my responsibility. This health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by Sea Star Swim School/Camp Gym and Swim to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Sea Star Swim School/Camp Gym and Swim to secure and administer treatment, including hospitalization, of the person named on this form. This completed form may be photocopied.

Waiver (MUST be Signed by Parent or Guardian)

The undersigned is aware that participating in camp activities (swimming, biking, running, canoeing) or physical exercise may result in accident or injury, and the undersigned assumes the risk connected with the participation in these activities, whether supervised or unsupervised. By signing, the individual represents that the attendee is in good health and suffers from no physical impairment that would limit his/her activity or participation. The undersigned acknowledges Sea Star Swim School, LLC has not and will not render any medical services, including medical diagnosis of the undersigned's physical condition. Participant specifically agrees that Sea Star Swim School, LLC, its owners, employees, and agents, or Susan Flowers shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of, death, personal injury, property damage or loss of any kind resulting from or related to his/her use of the facilities or participation in any camp, triathlon, swim lesson or physical exercise or activity, within or without the facility premises, and the undersigned agrees to hold Sea Star Swim School, LLC, and Susan Flowers harmless from same.

I hereby affirm that I have read and fully understand the above.

Signature of Parent/Guardian: _____ Printed Name: _____ Date: _____