

Camp Gym and Swim 2023 Camp Registration Form

NOTE: A \$100 nonrefundable deposit per session per camper is REQUIRED at the time you submit your application!
Camp must be paid in full by the first day of the session Session Prices: First Camper: \$225 per week Additional Campers: \$220 each per week

Session Dates:

____ Camp 1 (June 5-9) Leadership* ____ Camp 2 (June 12-16) Survivor ____ Camp 3 (June 19-23) Star Wars/Mandalorian
____ Camp 4 (June 26-30) Minecraft Week ____ Camp 5 (July 10-14) Among Us ____ Camp 6 (July 17-21) Harry Potter Week

***Counselors should plan to attend Camp 1!**

PLEASE PRINT LEGIBLY!

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

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

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

Email address: _____

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

Session Prices: First Camper: \$225 per week Additional Campers: \$200 each per week

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 arrive for your camp session. Please mail registration to:
Gym and Swim at Sea Star Swim School, 127 Sanders Ferry Road, Hendersonville, TN 37075
Forms of payment accepted: Cash or Check ONLY—No Credit Cards or Venmo accepted!!!!

Questions regarding camp???
Contact Susan Flowers at (615) 533-5163.

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: _____

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. Undersigned acknowledges that SEA STAR/GYM & SWIM is permitting individuals to enter the premises despite the ongoing spread of COVID-19, commonly known as "the Coronavirus." Despite efforts to prevent the spread of this virus, Customer might contract this virus at SEA STAR/GYM & SWIM. Said permission for Customer by SEA STAR/GYM & SWIM to enter the premises is not to be relied upon as determination that it is safe or advisable even if done in accordance with Center for Disease Control guidelines, State of Tennessee guidelines, federal guidelines, local guidelines, and/or any other statutes, regulations, guidelines. All persons who enter the premises of SEA STAR/GYM & SWIM do so at their own risk and peril. SEA STAR/GYM & SWIM has no liability under any theory of liability for permitting Customer to enter the premises at SEA STAR/GYM & SWIM.

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: _____