

SUMMERSPLASH REGISTRATION

You must register by the **Thursday** prior to your session start date. Call or mail form to
2121 Second St., Suite 101A, Davis, 96618.



Circle your week(s): June 14 June 21 June 28 July 12 July 19 July 26

Circle your time (s): 8:30 AM* 9:00 AM 9:30 AM 10:00 AM 10:30 AM Fees: \$89/week (*\$84 for 8:30 AM) or \$499 for all 6

TELL US ABOUT YOUR FAMILY (PLEASE PRINT CLEARLY!)

Names: Camper 1:	Birthdate:	Age:	swim level*:
Camper 2:	Birthdate:	Age:	swim level*:
Camper 3:	Birthdate:	Age:	swim level*:
Parent(s):	Telephone:	Email:	
Street Address:	City:	Zip Code:	
Emergency Contact:	Relationship:	Phone:	
SwimAmerica Family: <input type="checkbox"/> Returning <input type="checkbox"/> New (*new families please estimate your child's swimming ability above)			

READ AND SIGN THE FINE PRINT

Medical History

Is there any medical history (including food allergy) or learning disability that we should be aware of? YES NO
If YES, please explain on back if necessary.

Consent for Emergency Medical Treatment

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant, hereby grants authorization to SwimAmerica, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant. Each of the undersigned further agrees that neither SwimAmerica, nor its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Informed Consent

I, the undersigned, as the parent or legal guardian of the child listed on this application in consideration of the request and permission of my son/daughter to participate in SwimAmerica programs, including, but not limited to swim camps, swim lessons and swim teams, hereby assumes full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge SwimAmerica, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, archery, weight training, and a variety of strenuous exercises, vigorous physical activities and/or running directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury or death of persons, damage to or loss of property arising out of the sole negligent acts of omissions of SwimAmerica, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members.

Waiver/Release

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by SwimAmerica, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge my son/daughter listed on this application has no medical, physical, mental or emotional health condition that would hinder or prevent his/her participation in the SwimAmerica programs.

Photos

I also understand that photos are occasionally taken at SwimAmerica and that any photo take of my child may be used for SwimAmerica purposes, including, but not limited to, website, print brochures or newspaper advertising for SwimAmerica.

Refund & Makeup Policy

No refunds. No makeups.

I have read, understand, and agree with the Consent for Emergency Medical Treatment, Informed Consent, Waiver/Release, Photo and Refund/Makeup policies.

Parent or Guardian Signature _____ Date _____

MAKE YOUR PAYMENT

Total Amount DUE \$	<input type="checkbox"/> Check #	(Payable to SwimAmerica)	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
<i>The area below will be destroyed. We do NOT keep credit card numbers on file.</i>			
Name on Credit Card	Street Number	Zip Code	
Credit Card Number	Exp Date		