



St. Croix Dolphins Summer Fun Camp 2019 Registration Form (Cost \$200 per Week/\$50 deposit per week)

Camper's Name: _____ Age _____ Allergies or Medical Precautions: _____
1. _____
2. _____

_____ Yes, I need Before Care _____ Yes, I need After Care Please indicate which week: _____

Week 1 (June 3-7), Week 2 (June 10-14), Week 3 (June 17-21)

Week 4 (July 8-12), Week 5 (July 15-19), Week 6 (July 22-26)

Parent/Guardian Information:

Week 7 (July 28-Aug 2), Week 8(Aug 5-9), Week 9(Aug 12-16)

Name: _____

Week 10 (Aug 19-23)

Home Phone: _____ Work Phone: _____ Cell: _____

E mail address: _____

Additional Emergency Contact Information: _____

Waiver/Release

I, _____, the parent or guardian of the participant(s), affirm, agree and understand that:

Swimming is a potentially hazardous activity. I recognize that there are risks inherent, including but not limited to, paralyzing injuries and death; and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releases or others. The participant hereby agrees to participate in the St. Croix Swimming Association (SCSA)/St. Croix Dolphins Swim Team Program, including all activities held at the Good Hope Country Day School Pool on St. Croix.

I hereby agree to indemnify and hold harmless SCSA and Dolphins Swim Team, its coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in these activities. In addition, the participant agrees to indemnify and hold harmless Good Hope Country Day School, its officers and directors against any liability resulting from any injury that may occur to the participant while participating in SCSA/St. Croix Dolphins Swim Team programs. The participant also agrees to indemnify SCSA/St. Croix Dolphins Swim Team and Good Hope Country Day School for any damages incurred arising from any claims, demand, action or cause of action by participant.

The participant authorizes any representative of SCSA/St. Croix Dolphins Swim Team to have the participant treated in any medical emergency during their participation in any programs. Further, the participant and/or parent or guardian agrees to pay all costs associated with medical care and transportation for the participant. Please note below any medical or health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

Health Issues / Allergies _____