

2017 SPRING BREAK SWIM CAMP REGISTRATION FORM

SWIMMER _____

PARENT _____

EMERGENCY CONTACT AND NUMBER AVAILABLE DURING THE CAMP

HEALTH INSURANCE: COMPANY NAME, POLICY NUMBER, GROUP NUMBER (Please include a copy of your insurance card)

ALLERGIES:

FOOD: _____

ANIMAL: _____

ENVIRONMENTAL _____

CAMP TUITION: \$55 per camper. Please include payment with registration.

PARENTAL AGREEMENT: I certify that my child is physically and emotionally capable to participate in the USRP Racers Spring Break Swim Camp.

Signed _____ Date _____