



## St. Croix Dolphins Summer Fun Camp 2017 Registration Form

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

\_\_\_\_\_ Yes I need Before Care (7:15am-8:00am) \_\_\_\_\_ Yes I need After Care (3:00pm-5:00pm) Please indicate which week: \_\_\_\_\_  
June 5-9, 12-16, 19-23, & 26-30  
July 31- Aug 4, 7-11, 14-18, & 21-25

### Parent/Guardian Information:

Name: \_\_\_\_\_

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 \_\_\_\_\_