

Swimmer's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Swimmer's gender \_\_\_\_\_ Grade in School \_\_\_\_\_ Friend Request: \_\_\_\_\_

Parent's Names \_\_\_\_\_ Primary Phone \_\_\_\_\_ Primary email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_ returning family \_\_\_\_\_ web page \_\_\_\_\_ friend/relative \_\_\_\_\_ yellow pages \_\_\_\_\_ other \_\_\_\_\_

Does your child have any allergies, medical history, learning disabilities or conditions that we should be aware of or that would help us in working with your child? Please explain.

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In case of an emergency and the parents cannot be reached, contact: \_\_\_\_\_ Phone \_\_\_\_\_

## Consent for Emergency Medical Treatment

In the event of a medical emergency, I hereby grant authorization to Ocaquatics Swim School and its representatives to contact our doctor/physician (above) and that my child be transported to the hospital of our preference (above) in the event I can not be reached. If no doctor/physician or hospital is preferred, I authorize Ocaquatics Swim School to employ any legally licensed physician or health care facility and to direct and or order emergency medical treatment for my child(ren).

Preferred Hospital \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## Informed Consent and Liability Waiver

In consideration of permitting my child/children to participate in the Summer Splash Program of Ocaquatics Swim School, I hereby voluntarily release, waive and relinquish any and all actions for personal injury arising as a result of participating in such programs.

I understand, agree and acknowledge that there are risks inherent in the sports and activities conducted by Ocaquatics. With the full understanding of these facts, I state that to the best of my knowledge, my child(ren) listed on this application has no medical, physical or emotional health condition which would hinder or prevent his/her participation in any Ocaquatics' program.

## Photos

I understand that photos are taken at Ocaquatics facilities and that any photo taken of my child(ren) may be used for Ocaquatics marketing purposes.

# Participation Agreement

Sign in and Sign out: We require campers to be signed in and out by a parent or guardian everyday.

Payments: Payment is due in full for your first week at time of registration. Payment is due two weeks prior to each additional week.

Cancellations and Withdrawals: If you need to cancel your child's registration for whatever reason please call the office 14 days prior to the week that you wish to cancel in order to receive a refund minus a \$25 refund fee. If you call less than 14 days prior there will be a \$50 refund fee per child and the remaining payment will be refunded. Your entire payment will be forfeited if you withdraw after the start of session.

WE DO NOT OFFER REUNDS OR MAKEUPS FOR MISSED DAYS AND WE DO NOT DO PARTIAL WEEKS. Our staff is here for your child everyday.

Weather : We do swim in the rain, but NOT if conditions are dangerous. In our outdoor locations we only close the pool for lightning and hard, persistent rain. The counselors will provide age appropriate indoor activities for your camper. We will close during Hurricane or Tropical Storm Warnings.

Camper Behavior: Campers are expected to behave in an appropriate manner. Our staff is trained to help every child have a worthwhile and challenging camp experience. When a problem arises, parents will be called in for a consultation. If a camper is a danger to oneself or others, he/she may be asked to leave camp by the Camp Director. In addition, an emphasis will be placed on developing proper attitudes, values and overall good sportsmanship.

Friend Request: We must have the request at the time of registration - not the Monday morning of camp. We cannot make changes on Monday morning due to group ratios. We do our best to put the same-aged friends in a group together. Be aware, if the friends are not the same age they will be moved to the younger age group.

Communications: If your child expresses concern or fear about anything at camp, or if there is any unique or unusual situation at home that may affect your child, please let us know.

If your child is to go home with someone other than a family member, please notify your child's counselor in writing. This policy will reduce confusion at dismissal.

## Agreement

I have read, understand and agree with the Participation Agreement, the Consent of Emergency Medical Treatment, the Informed Consent and Liability Waiver and the Photo Release outlined above as it relates to my child(ren).

Signature \_\_\_\_\_ Date \_\_\_\_\_

We love working with those who do business with us. Do you have a business or provide a service that we can support?

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For DA and Office use only: POLI CI ES REVI EWED \_\_\_\_\_ OFFI CE OR DA I NI TI ALS \_\_\_\_\_