



2020 Camp Registration Packet

Child's Name: _____ Date of Birth: _____ Grade: _____

My child will attend the following camp sessions:

SwimRVA Thanksgiving Break 2019 Camp (ages 6-12) **SwimRVA Jr. Lifeguard Camp \$219** (ages 11-15)

___ November 25-26 (2 days \$90)

___ Session 1: June 15-19

SwimRVA Winter Break 2019 Camp (ages 6-12)

___ Session 2: June 22-26

___ Dec. 30-Jan. 3 (4 days \$175)

SwimRVA Water Sports Camp \$219 (ages 11-15)

___ July 13-17

SwimRVA Day Camp \$59 (ages 6-12)

___ February 17

SwimRVA Strokes & Turns Camp (ages 10-18)

___ April 13

___ Session 1: Dec. 30-Jan. 3 (4 days \$175)

SwimRVA Spring Break Camp \$219 (ages 6-12)

___ Session 2: July 6-10 (5 days \$219)

___ April 6-10

___ Session 3: August 3-7 (5 days \$219)

SwimRVA Summer Camp \$219 (ages 6-12)

SwimRVA High Performance Camp (ages 10-18)

___ Session 1: June 15-19

___ Session 1: Dec. 30-Jan. 3 (4 days \$175)

___ Session 2: June 22-26

___ Session 2: August 17-21 (5 days \$219)

___ Session 3: June 29-July 3

SwimRVA Mermaid Camp \$299 (ages 8-15)

___ Session 4: July 6-10

___ Session 1: August 17-21

___ Session 5: July 13-17

SwimRVA Water Polo Camp \$219 (9-15)

___ Session 8: July 20-24

___ Session 1: August 17-21

___ Session 9: July 27-31

___ Session 6: August 3-7

___ Session 7: August 10-14

Has your child participated in any of the following?

SwimRVA Swim School Yes No

SwimRVA Swim Team Yes No

SwimRVA Learn-to-Swim Program Yes No

Camp Times are 8:00am-5:00pm

Fees are listed above next to each camp. Please note: Prices for camps less than 5 days are noted next to those dates. Fees include two healthy snacks provided each day. Multiple child discounts: 10% off for each additional child

Please initial all the following statements regarding SwimRVA's Camp Accounting Policies:

___ There will be a \$15 late pickup charge for every 15 minutes past 5:00 p.m.

___ Two weeks written notice is required to cancel registration for a selected session

Signature indicates your understanding of SwimRVA's Camp Accounting Policies

Parent/Guardian Signature _____ Date: _____

Permission Slips

I hereby give SwimRVA permission to take my child on supervised walking excursions. ___ Yes ___ No

I hereby give SwimRVA permission to take my child on supervised outdoor activities. ___ Yes ___ No

Photography Release

I hereby irrevocable consent to and authorize the use and reproduction by SwimRVA or anyone authorized by SwimRVA of any and all photographs and videos which might be or have been taken of my child during the program for any purpose whatsoever without compensation to me for future promotional purposes.

Parent/Guardian Signature _____ Date: _____

Locker Room and Restroom Rules

- Be considerate of others
- Food, gum, and beverages are prohibited from the locker rooms and restrooms
- Glass items are prohibited from the facility
- Use of any device with camera capabilities is strictly prohibited in the locker rooms and restrooms. Failure to follow this rule could result in suspension or removal from camp
- SwimRVA prohibits any inappropriate behavior. Please report any such behavior to a staff person.
- Children 6 and over must use gender- appropriate locker rooms. Please follow all posted age restrictions.
- Secure all items in a locker with a lock. SwimRVA is not responsible for lost or stolen items.

Please Note: If any camper or their family members need a family changing area, we have two small rooms separate from our main locker rooms for your convenience.

I have read and understand the SwimRVA locker room and restroom rules.

Parent/Guardian Signature _____ Date: _____

IT IS AGREED THAT SWIMRVA WILL NOTIFY THE PARENT(S)/GUARDIAN(S) OF ANY ILLNESS OF THE CHILD AND THAT THE CHILD WILL BE PICKED UP AS SOON AS POSSIBLE THEREAFTER.

Emergency Contact: _____ Phone #: _____

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Medical Information:

Allergies or intolerance to food, medication, etc. _____

If an allergic reaction occurs, please list steps to take to relieve reaction: _____

Is your child allergic to: ___ Poison Ivy ___ Poison Oak ___ Sumac ___ Other _____

Is your child allergic to bee stings? ___ No ___ Yes If yes, what type of medical treatment is needed?

Chronic physical problems, pertinent developmental information, any special accommodations needed:

Health History (please check if your child has/had any of the following):

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Frequent Ear Trouble | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Frequent Headaches | |

Does your child take medications or vitamins on doctor's orders? If so, please specify: _____

If center is to administer medications, previous contact must be made for proper procedures (An authorization form is available upon request and is required with each medicine.)

Has your child had a tetanus shot within the last 5 years? Yes No If yes, please provide date of shot: _____

Has your child in the past six months been under medical care? Yes No If yes, please provide the details: _____

Child's Physician and Office Name: _____ Physician's Phone: () _____

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Authorization I give SwimRVA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified SwimRVA staff member. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize SwimRVA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may cover only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Insurance Company Name: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Parental Agreement

1) SwimRVA agrees to notify the parent/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by SwimRVA.

(2) The parent/guardian authorizes SwimRVA to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

(3) The parent/guardian agrees to inform SwimRVA within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent/Guardian Signature: _____ Date: _____



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in SwimRVA Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in SwimRVA programs or activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with SwimRVA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with SwimRVA program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in any SwimRVA program or activity, I the parent/guardian of the minor below, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE SwimRVA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against SwimRVA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of SwimRVA facilities/equipment or participation in SwimRVA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in SwimRVA programming, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's SwimRVA program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in SwimRVA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in SwimRVA programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in SwimRVA programming.

Coronavirus/COVID-19 Warning & Disclaimer

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in SwimRVA Programs, now or at any time in the future.



Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in SwimRVA programs or accessing SwimRVA facilities could increase the risk of contracting COVID-19.** SwimRVA in no way warrants that COVID-19 infection will not occur through participation in SwimRVA programs or accessing SwimRVA facilities.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)