

Technique Swim Camp**Application Summer 2012****PLEASE PRINT CLEARLY****Camper Info:**

Name: Last _____ First _____ Preferred Name at Camp _____

Address _____ City _____

State _____ Zip Code _____ Date of Birth _____ Home Phone # _____

Gender: Male Female (circle one) Adult Tee Shirt Size: XS S M L XL (circle one)

Parent Info:

Name _____ Address _____ Home Phone _____

Work Phone _____ Cell Phone _____ e-mail _____

Please answer the following question:Are you willing to have our General Manager provide your contact info to interested parties (for carpool purposes only)? Yes ___ No ___
-----**Release and Indemnification**

In consideration of the Technique Swim Camp permitting the undersigned to enter into certain of your premises or to utilize certain of your facilities, or both, such as Blodgett Pool and the Barletta Natatorium, for personal reasons unrelated to your business or affairs, the undersigned hereby covenants and agrees with you, your past, present and future officers, agents, employees, independent contractors, and all other persons associated with them in connection with such premises or facilities, or both, that neither the undersigned nor any of the heirs, executors, assigns, or other representatives of the undersigned will ever assert against you or your officers, agents, employees, independent contractors, or any other persons associated with them in connection with such premises or facilities, or both, any claim from which the undersigned may have by reasons of such entrance or use, or both, by the undersigned.

The undersigned also covenants and agrees with you that the undersigned will hold you and your officers, agents, employees, independent contractors, and all other persons or facilities, or both, harmless; and, indemnify you and each of them against any loss, cost, damage, or expense which you or such persons may incur by reasons of any claim or liabilities asserted against you or any of them as a result of such entrance or use, or both.

This letter is intended to take effect of a sealed agreement, and to be governed by the laws of the Commonwealth of Massachusetts.

Printed Name of Child _____

Printed Name of Parent _____

Signature of Parent _____ Date _____

Photo Release

I/we give permission for photo images of my child that may be taken during a camp session to be used in materials to promote the Technique Swim Camp. All rights to these images are assigned to the Technique Swim Camp and its agents. I/we understand that my/our child's name will not be used, and that images will be for the sole use of the Technique Swim Camp.

Print Name _____ Signature _____ Date _____

Camp Application

Summer 2012

Camper's Name _____

To enroll, please complete both pages of this application as well as part A of the Health Fact Sheet, and send them, together with a current doctor's physical (Health Fact Sheet part B) and a check for full payment to:

Technique Swim Camp
P.O. Box 26
Belmont, MA 02478

Registration will be confirmed by email. Many of our camp weeks fill quickly; so, please check our website, www.techswimcamp.com, for session availability.

Please circle the appropriate level & check the desired session(s) below.

Camps at Harvard University (Ages 7-17)

Circle One Program Option

5 Day Camp

Cost: \$450

	Harvard	Swim	Camp	Ability	Levels	
Session 1 June 11-June 15	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____
Session 2 June 18-June 22	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____
Session 3 June 25-June 29	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____
Session 4 July 2-July 6	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____
Session 5 July 9-July 13	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____
Session 6 July 16-July 20	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____
Session 7 July 23-July 27	Beginner	Intermediate	Advanced	Young Competitive	Competitive	_____

(All camps are 5-days this summer and will run Monday-Friday)

Camps at Northeastern University (Ages 9-17)

Circle One Program Option

5 Day Camp

Cost: \$450

	Northeastern	Camp	Ability	Levels	
Session 8 July 30-August 3	Intermediate	Advanced	Competitive		_____
Session 9 August 6-Aug 10	Intermediate	Advanced	Competitive		_____

Novice:

Beginner

Ages 7-12 (older Novice campers accepted at Northeastern)

This is not a swim lesson program. Campers must be able to complete 25 yards of freestyle & backstroke. No team experience is necessary-- available at Harvard only.

Intermediate

Campers must be able to swim 50 yards of freestyle & backstroke and have a basic knowledge of butterfly & breaststroke.

Advanced

For campers who can legally swim all four strokes, but lack significant competitive experience.

Young Competitive:

Ages 7-8 (Must be able to legally swim 50 yards of all 4 competitive strokes: butterfly, backstroke, breaststroke & freestyle). Team experience is required— available at Harvard only.

Competitive:

Ages 9-17 (Must be able to legally swim 100 yards of all 4 competitive strokes: butterfly, backstroke, breaststroke & freestyle). Team experience is required.

Checklist-- Before you mail this application, did you:

___ Fully complete both pages of the application form?

___ Fully complete the Health Fact Sheet **Part A**? (**Any missing information will render the application incomplete**)

___ Have the camper's Primary Care Physician fully complete the Health Fact Sheet **Part B** or **include a copy of a physical exam performed on or after August 10, 2010?** (within 1-2 years of camp attendance, but please note that if the form states that it is valid for one year we will need an updated physical prior to attendance)

Technique Swim Camp Summer 2012**Health Fact Sheet: Part A – To be completed by Legal Guardian****Camper Information**

Child's Name _____

Home Address _____ City _____

Date of Birth _____ Place of Birth _____ US Citizen? Yes _____ No _____

Parent/Guardian Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Alternate Emergency Contact Information

Name, Address, Phone # _____

Pediatrician's Name, Address, Phone # _____

Insurance Carrier Name _____ Policy Number _____

Please accurately complete the following questions.

Inhaler: If your child uses an inhaler, do you give him/her permission to keep the inhaler with him/her at the Technique Swim Camp and to use it as needed? Yes _____ No _____ Not Applicable _____

Epi-Pen: Will you be registering an Epi-Pen for your child on the first day of camp? Yes _____ No _____

My child is capable of administering the Epi-Pen without assistance _____ My child will need adult assistance _____

Allergies: My child is allergic to _____

Severity of reaction is _____ and the symptoms include _____

Medication: My child takes the following Medication (other than Inhaler or Epi-Pen)

Medication	Medical Condition	Amount per dose	# of doses per day
_____	_____	_____	_____
_____	_____	_____	_____

Will the medication need to be administered at camp? Yes _____ No _____

(If yes, you must complete and sign an Authorization to Administer Medication form in addition to this form. The form can be found on our website)

Agreement

By reading and signing the following Agreement, I/we (hereafter referred to as "I") confirm my understanding of my child's participation in the Technique Swim Camp for one or more weekly sessions during the summer of 2012.

-My child is physically able to participate in the Technique Swim Camp and has no medical condition, which would affect his/her participation.

-I will be fully responsible for all medical expenses incurred by my child while attending the Technique Swim Camp.

-I grant the Technique Swim Camp the right to take appropriate action for my child's health and safety and to obtain the necessary medical assistance.

-I understand that, with the exception of an extreme emergency, no procedure will be performed without my being contacted and fully informed.

-I grant the Technique Swim Camp the right to administer medication, which I provide, as indicated above.

-I have read and freely sign this agreement, which shall take effect as a sealed instrument.

-I verify that the information on this Health Fact Sheet is accurate.

Print Name _____ Signature _____ Date _____

Technique Swim Camp Summer 2012

Health Fact Sheet: Part B – Childhood Illness History

To be completed by the Child's Primary Care Physician.

(Note: A standard physician's Camp Form will be accepted provided it contains the following information)

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

Immunization History

	Date	Date	Date	Date
DPT				
DT				
Polio				
MMR				
HB-Conjugate				
Varivax				
Hep A				
Hep B				
Other				

TB Screen: No Risk _____ At Risk _____

If at risk, TB/PPD applied on ____/____/____ Positive _____ Negative _____

History of Reaction to food, serum, drugs or medicine: No ____ Yes ____ Explain _____

Date of Physical Exam _____ Sex _____ Age _____ Height _____ Weight _____ BP _____

#	System	Satisfactory	Unsatisfactory	Describe Abnormality
1	Skin			
2	Eyes			
3	Ears			
4	Nose, Throat			
5	Neck, Thyroid			
6	Chest, Breast, Lungs			
7	Heart Rate			
8	Heart Rhythm			
9	Liver, Kidneys, Spleen			
10	Hernia			
11	Back, Spine			
12	Joints			
13	Neurological			

The following abnormalities should be noted: _____

Please indicate any medications taken and how many times per day _____

The patient does ____ does not ____ have a history of emotional, psychological, or psychiatric disturbance.

The patient may participate in camp activities: without restrictions ____ with the following restrictions ____

Restrictions: _____

Primary Care Physician Information:

Name _____ Address _____

Signature _____ Date _____ Phone _____